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ABSTRACT

This illustrated book lists 46 facts relating to child care, families, nutrition, health, and public services. The book was prepared to call attention to the needs of young children in Texas. The information was collected from such sources as the U.S. Census Bureau and the State Department of Health's Bureau of Vital Statistics, as well as from the Texas Nutrition Survey of 1968-69 and the Texas Household Survey of Families with Children Under Six, commissioned by the Texas Department of Community Affairs in 1973. Some of the facts reported are: 3 of 4 families with children under 6 in Texas have moved in the last five years; 76,000 children under 6 in Texas were born without prenatal care; 75,000 Texas preschoolers eat no breakfast; 84 percent of working mothers with children under 6 in Texas are working because of economic necessity; among Texas children under 6, 1 in 3 is in a child care arrangement; and a poor child has less chance of receiving public social services in Texas than in any other state in the nation. (Author/BRT)

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40 things you need to know about [illegible] children

THE DARKER SIDE OF CHILDHOOD

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THE DARKER SIDE OF CHILDHOOD

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November 1, 1974

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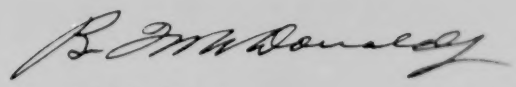
PREFACE

Providing a better life for our children is the goal of parents, community leaders and many other concerned Texans. Decisions affecting young children should be an important part of public programming policy, because society often has to pay later for preventable social problems that can originate in early childhood and even before birth.

Those who work with children and families in Texas have long known that some children lack basic opportunities for sound development. What has not been known is the extent to which this lack of opportunity exists. This book attempts to fill a few of the knowledge gaps. Public knowledge is a necessary prelude to public concern and public action.

The Texas Department of Community Affairs acknowledges the cooperation of numerous individuals and agencies in contributing information for this book. Many of their names appear in the sources on each page and in the bibliography and to each our warmest thanks and applause.



Ben F. McDonald, Jr.
Executive Director
Texas Department of Community Affairs

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SCENES OF MY CHILDHOOD

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"How dear to this heart are the scenes of my childhood,
What fond recollection presents them to view."
—Samuel Woodworth

We have "...standard pleasant images...of childhood as days of happiness and days free of the concerns we all face as adults. But there is another, darker side to childhood for some. Youth also is represented by young runaways, battered children, mentally retarded and handicapped children, foster children, and children who have been brought before the Courts. It is not a pretty picture, but it is one which must be faced...".

Governor Dolph Briscoe
Speech to Early Childhood Task Force, Education Commission of the States
March 20, 1974

In an era of expanding affluence and technological progress, the "darker side of childhood," which implies childhood misery, disease and death, seems somehow medieval. Yet, this book presents facts verifying the unhappy plight of thousands of Texas children. In particular, this book describes some of the conditions affecting Texas families today and pinpoints a few of the more critical needs of young children. The focus is on *early* childhood—the years preceding school and including the months before birth—because this is a crucial period in the course of human development.

Deficiencies in early childhood are believed to be the origin of many social problems that appear in adolescence and adulthood. Poor nutrition in pregnancy, for example, can mean that a baby is destined to lifelong physical and mental impairment. A child who is denied support and stimulation may fail to realize his full genetic potential, and not do as well as he could in school. Conditions in early childhood can significantly influence a person's ability to finish school, find a job and make a contribution to society.

Because mental retardation, physical handicaps, emotional disturbance, juvenile delinquency and other social problems frequently can be traced to conditions in early childhood, it makes sense to try to reduce some of these problems before they start. When compared to the waste of unrealized potential and the expense of rehabilitation and institutional care, prevention is cheaper than cure. When family suffering and tragedy are also taken into account, prevention takes on a human value.

A striking example of the worth of prevention is phenylketonuria (PKU), a hereditary condition that leads to mental retardation if the diet is not corrected in the first few days after birth. Texas law requires that newborn infants be screened for PKU. Because PKU is detected early, the state saves approximately $4.2 million a year in costs of providing institutional care for persons mentally retarded by PKU. More important, the screening program gives PKU victims the chance for a normal life.

To develop soundly, a child needs medical care during his mother's pregnancy and at birth, medical care during the growing years, nutritious food, adequate clothing and shelter, a safe and

stimulating environment, other children to play with, and—most important—a loving family. Most of the state's 1.2 million preschool children are well cared for by their families. But some children have no families, and some of those who do are not having an easy time of it.

The conditions and needs outlined in this book are by no means a complete picture. There are other conditions and needs, but, in many cases, they do not lend themselves well to statistics. Statistics on mental retardation and mental disorders, for example, are hard to come by because of the difficulty of determining in which category or categories of mental abnormalities a child belongs. In addition, Texas has hundreds of preschool children with special needs, in such areas as birth defects, cerebral palsy, crippling conditions and visual impairments. These special needs, however, are beyond the scope of this volume. This book deals generally with families, health, nutrition and child care.

The facts contained herein were gathered by the Office of Early Childhood Development (OECD) of the Texas Department of Community Affairs (TDCA). Some statistics come from sources that issue regular reports, such as the U.S. Census and the State Department of Health's Bureau of Vital Statistics. Some statistics come from one-time surveys, such as the Texas Nutrition Survey, undertaken in 1968 by The University of Texas Medical Branch, Galveston, and the Texas State Department of Health. Some statistics come from special surveys, such as the Texas Household Survey of Families with Children Under Six, commissioned by the Department of Community Affairs in 1973. Sources for the

statistics appear on each page and in the Bibliography.

Numerous persons who work with children and who are concerned with human resources have requested data on the needs of young children in Texas. This book sets down some of those data in brief, usable form. The book's purpose will have been well served if it creates greater public concern for what happens to young children and the destiny of Texas.

"In my own very self, I am part of my family."
—D. H. Lawrence

A happy, stimulating family life is the most important element in a young child's life. That principle was voiced by the nearly 1,000 parents, professionals and community leaders who attended forums conducted by TDCA's Office of Early Childhood Development in 1972-73. Indeed, the primacy of the family has been borne out increasingly in early childhood development research. According to social psychologist Urie Bronfenbrenner, for example, the family is the most effective and economical system for fostering and sustaining the development of the child. It makes sense, then, to preserve and support family life and help parents become better mothers and fathers.

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In the last quarter century, however, the institution of the family in Texas and the nation as a whole has been subjected to more and more stress. Families move, and they do so at a fast pace. The child born in Texas today is likely to move to another home at least once before he starts to school. The divorce rate is rising. A Texas child learns early that some of his playmates have no father living at home, or that some of them have a "real" father and a stepfather. An increasing number of young men and women in Texas are marrying in their teens and having children. In these cases, a child is expected to thrive and develop when his own parents are still trying to cope with the "growing up" problems of adolescence. Still another family stress factor is the spiraling cost of living. More than at any other time in history, a young child's mother is likely to be employed outside the home, largely because the family needs the additional income she can supply. As a result, a young child is more likely today than ever before to be placed in some sort of child care arrangement, such as in a nursery school or with a babysitter.

One of every five Texans is poor, according to a 1973 report of TDCA's Office of Economic Opportunity. And children under 15 comprise the largest single age group of the poverty population. "Poverty" means that a family's income is not sufficient for the family to sustain itself. The definition of "poverty" in dollar figures varies according to the reporting source, but in any case the dollar figure is arbitrary and changes as the cost of living rises. The June 1974 income standard selected by the Office of Economic Opportunity, for example, is $4,550 a year for a nonfarm family of four. The dollar figure used in this book is the December 1972 OEO in-

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come standard: $4,300 for a nonfarm family of four.

Contrary to popular belief, "poverty" and "welfare" are not synonymous. Most families that fall under the poverty guidelines established by the Office of Economic Opportunity, for example, do not qualify for financial payments under the major welfare program, Aid to Families with Dependent Children, or AFDC.

Because poverty is associated with a family's limited purchasing capability, poverty is frequently accompanied by inadequate nutrition, a lack of health care, crowded housing, insufficient clothing, and limited educational opportunity. A poor child is expected to compete with his middle-class peers hungry, barefooted and tired from having to share a cot with his brothers and sisters. Equally significant, perhaps, is the lack of intellectual stimulation—"environmental retardation," which occurs almost exclusively among the poor. According to the Texas Association for Retarded Citizens, more than 75 percent of the mentally retarded nationwide come from poverty areas. By the time children are six or seven years old, says Rodger Hurley in *Poverty and Mental Retardation: A Causal Relationship,* they may be "psychologically unfit for taking advantage of opportunities or changes which may offer themselves as they develop in their lifetime." As a result, the cycle of poverty perpetuates itself. A poor child enters school with perhaps fewer skills than a middle class child; he may drop out of school eventually; he enters the work force usually at the bottom of the wage scale; and he gives his own family little prospect for a better life.

Regardless of economic and cultural conditions, the child born in Texas is likely to have parents who had minimal opportunities to

learn about parenting; they learn as the child grows. Isolated from their own parents and uninformed about a child's stages of growth, young parents may experience frustration. A recent study by sociology professor Dr. E. E. LeMasters examined the attitudes of college-educated, white, middle-class parents. He found that 83 percent of the parents experienced severe crisis in adjusting to the effects a newborn baby had on their lives. In a study of teenage rural parents in 1973, social psychologist Dr. Vladimir de Lissovoy found that young parents expected too much of their children too soon. For example, mothers who were interviewed expected infants to be bowel trained at six and one-half months, a physical impossibility. Their unrealistic expectations often led to harsh punishment. Dr. de Lissovoy concluded, "...the children of many adolescent marriages have a high risk of joining the number of battered and abused babies...." In Texas, child abuse is a serious problem; it is estimated that 4,000 cases will be confirmed in 1974.

Many Texans recognize the importance of informed, caring parents. At the early childhood development forums, mentioned earlier, more than two-thirds of the participants picked "education for parenting" over "bilingual education," "teaching young children to read" and "competent teachers" as the greatest educational need in their communities. Joseph Reid of the Child Welfare League of America has said: "The scars of a poor childhood go down for two or three generations because the child who has not experienced good mothering or fathering will have a very difficult time as an adult being a good father or mother."

3 of 4 Texas families with children under six have moved in the last five years.

33 percent of these families moved three times or more; 10 percent moved five times or more.

1

FAMILY

SOURCE: Texas Department of Community Affairs, Office of Early Childhood Development, "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Texas families are highly mobile. When a family moves, a young child must adjust to new surroundings and playmates. Parents change jobs, find another home, perhaps alter a life style—with all the anxiety that accompanies change. Furthermore, mobile families usually are separated from their own parents and relatives (the extended family) by great distances. They do not have the support and guidance that young families had a generation ago.

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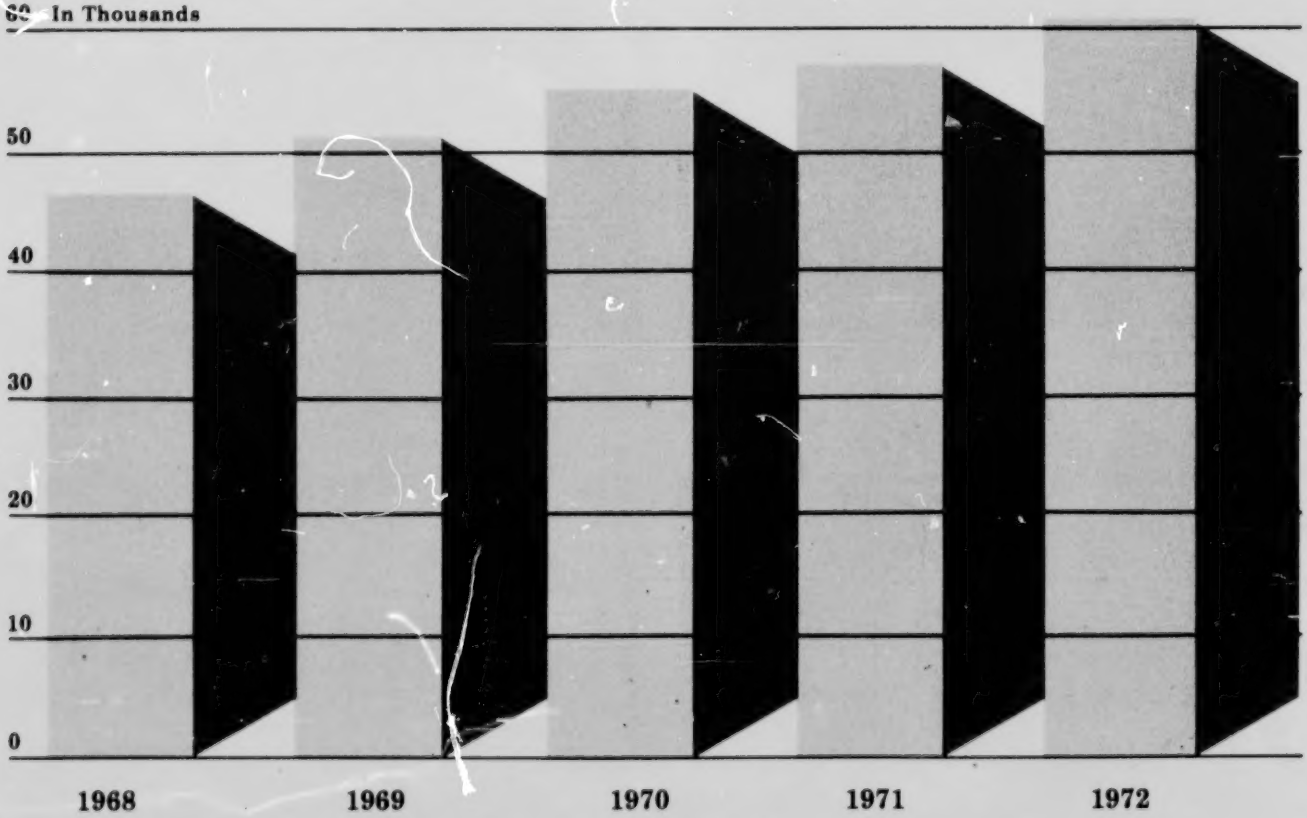
In five years, Texas divorces increased 28 percent—from 47,088 in 1968 to 60,343 in 1972.



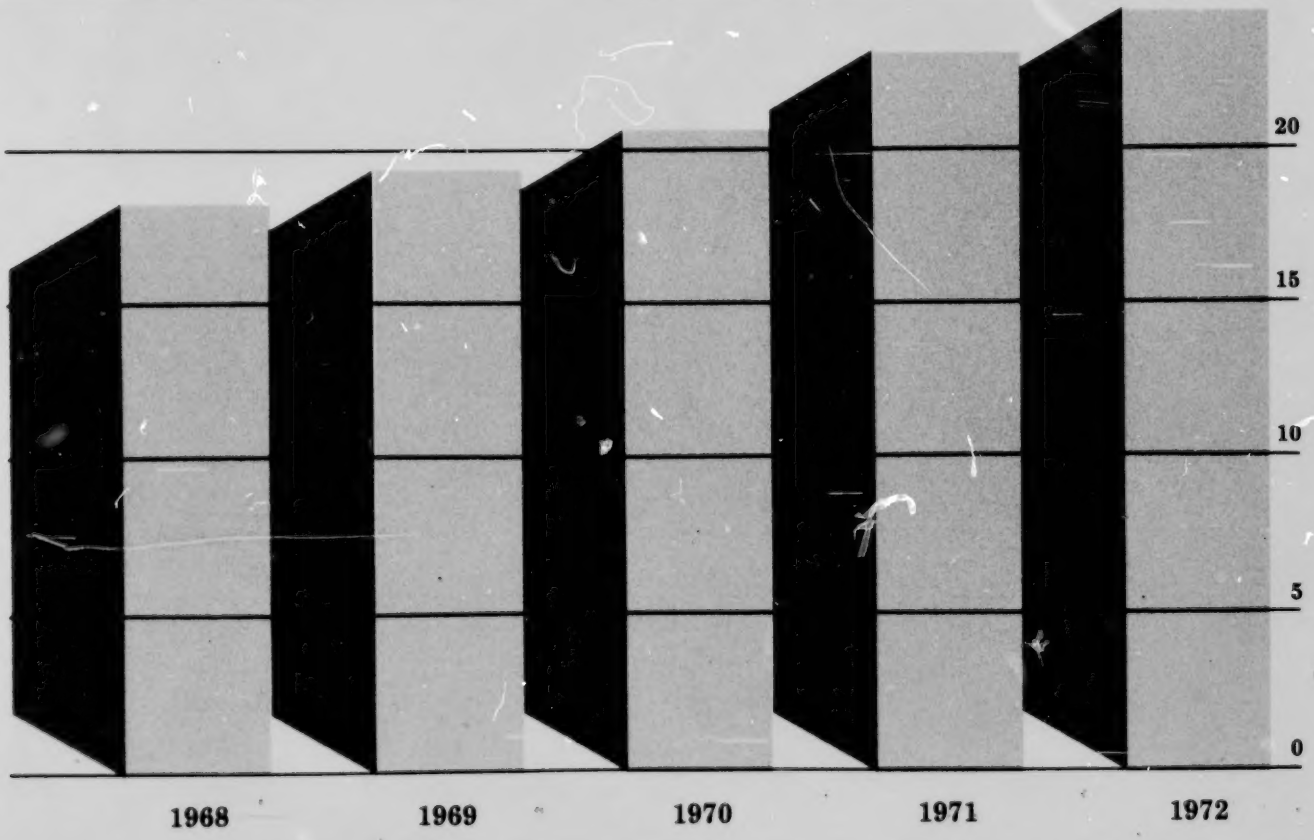
SOURCE: Texas Department of Health, *Texas Vital Statistics*, 1968-1972, and personal communication with staff of Bureau of Vital Statistics, August 1974.

COMMENT: The greatest impact of divorce, says Dr. Jack Westman, is felt by children between ages 3 and 7, the time when most divorces occur. Divorce leaves psychological scars on the child, who may feel he is in some way responsible for the parents' splitting up. Compounding the psychological effects on the child is the increased burden on the parent who receives custody of the child, usually the mother. She assumes many of the roles of both mother and father.

The number of illegitimate births in Texas has increased 25 percent from 1968 to 1972.

In 1972, illegitimate births numbered nearly 25,000, or 1 out of 8 Texas live births.

3 FAMILY



SOURCE: Texas Department of Health, Bureau of Vital Statistics, 1968-1972.

COMMENT: The illegitimate child has fewer advantages than the legitimate child. For example, an unwed mother, unless she has a supportive family, must provide for the child on her own. If she does not have a well-paying job, the child may suffer from inadequate health care, food and clothing. Since the child's legal status is tenuous, he carries a stigma that may affect opportunity for him in later years.

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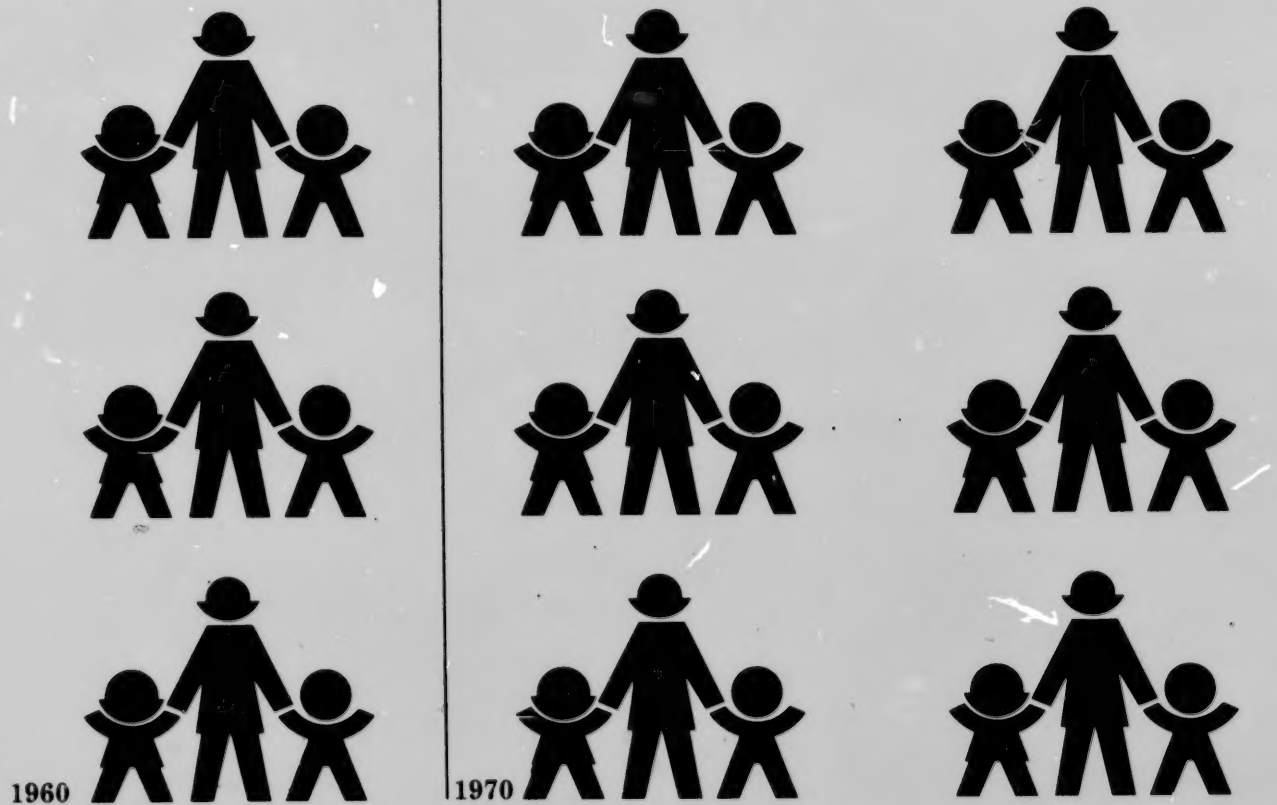
Texas households headed by mothers with children under 18 have nearly doubled in 10 years.

From 103,641 in 1960 to 192,322 in 1970.



SOURCE: U.S. Census, 1960 and 1970.

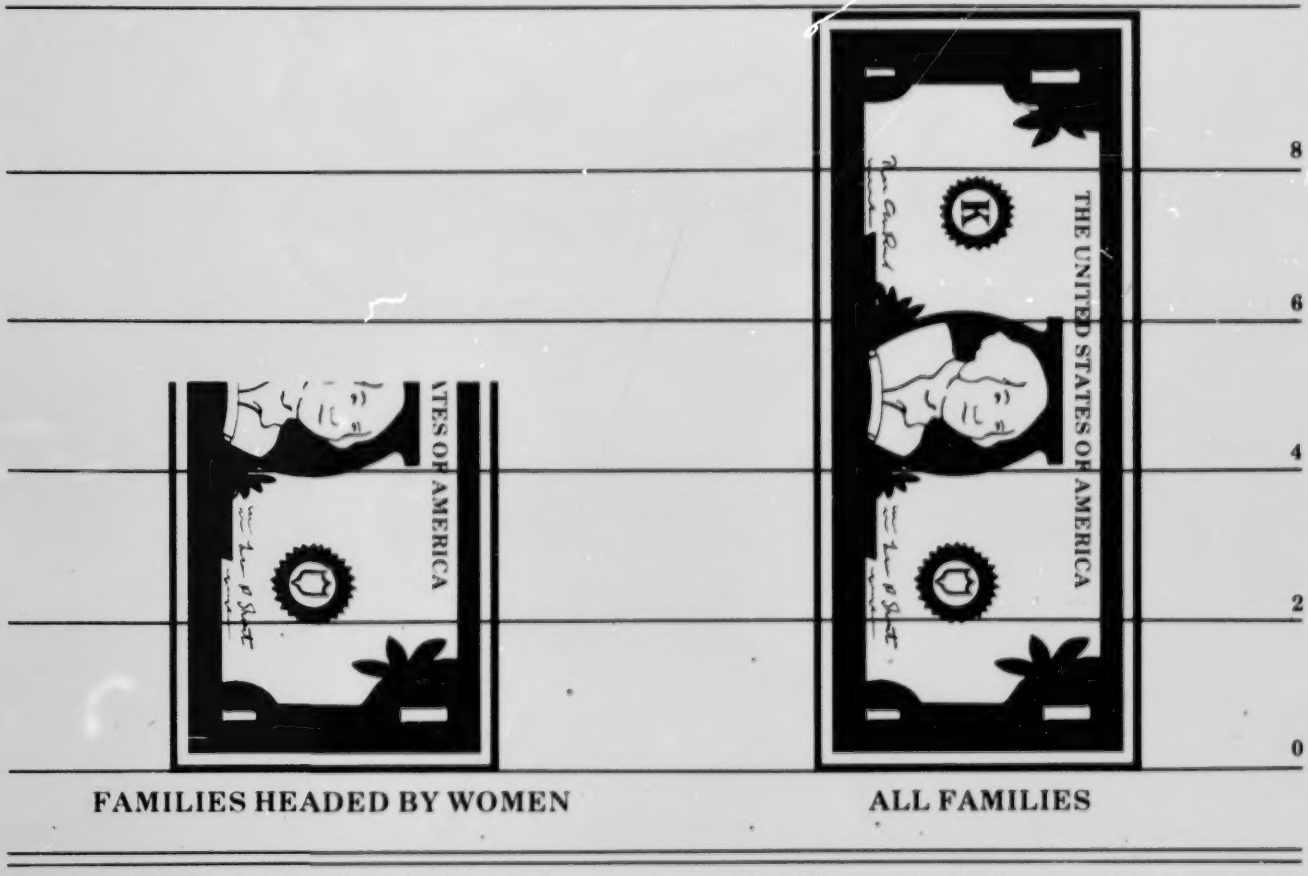
COMMENT: The number of Texas households headed by women, including single women, is rising rapidly, but the number of *mothers* who head households is soaring at a tremendous rate. From 1960 to 1970, female-headed households increased 34 percent, but households headed by mothers jumped 85.6 percent.

The average annual income of Texas families headed by women in 1969 was about half that of all families.

$5,360 for female-headed households compared to $9,955 for all households.

5

FAMILY



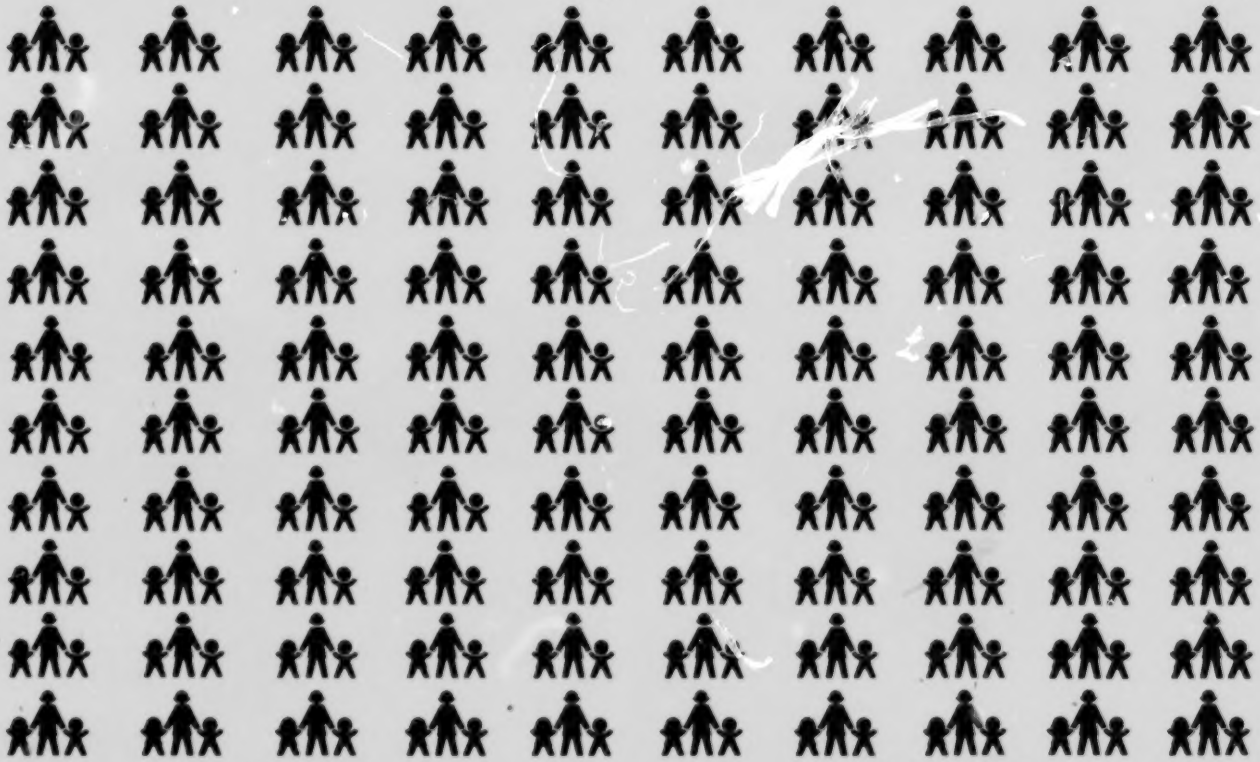
SOURCE: U.S. Department of Labor, *Women Workers in Texas*, 1970, page 2.

COMMENT: The woman with a family to support in Texas must provide needed services on a wage that is about half that of the average family. Her children may be subject to poor nutrition, insufficient health care, inadequate housing and other deficiencies. If she has to work, and in most cases she does, she requires child care. Her low income may be a primary factor in the quality of child care her children receive while she works.

6

Among one-parent families with children under six in Texas, 65 percent are in poverty.

An additional 23 percent are in near poverty.



SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Most of the single parents in one-parent households are women, who generally have lower earning power than men. Children of poor, one-parent families stand to be deprived of essentials that a higher income could provide, such as health care and nutritious food. Families in "near poverty" (twice the "poverty" level or less) have difficulty obtaining needed services on a limited income and generally cannot qualify for public assistance.

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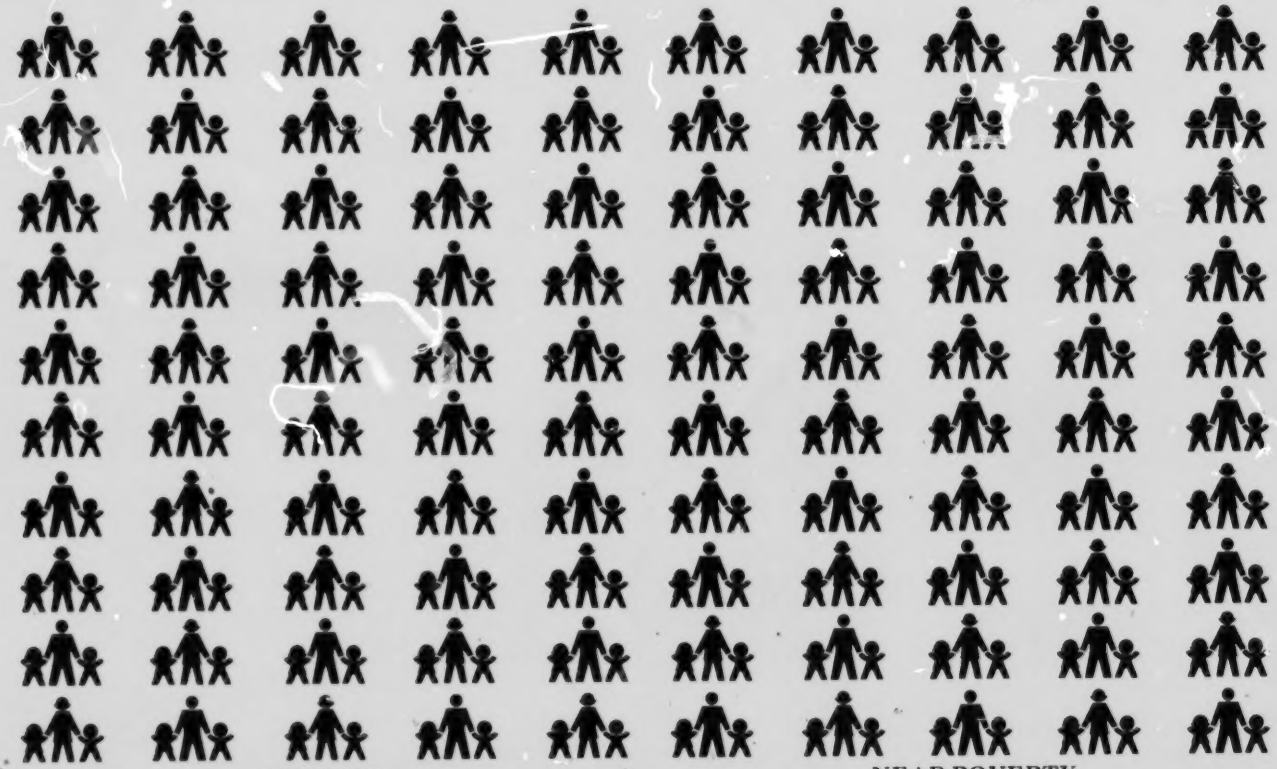
Among all Texas families with children under six, 28 percent are in poverty.

Another 26 percent are in near poverty.

7



SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: More than half of all Texas families with children under six—families headed by males as well as females—are engaged in a day-to-day struggle for survival or for a minimum quality of living. The fate of a large number of Texas preschoolers, therefore, in terms of adequate nutrition, health care and learning opportunity, comes into serious question.

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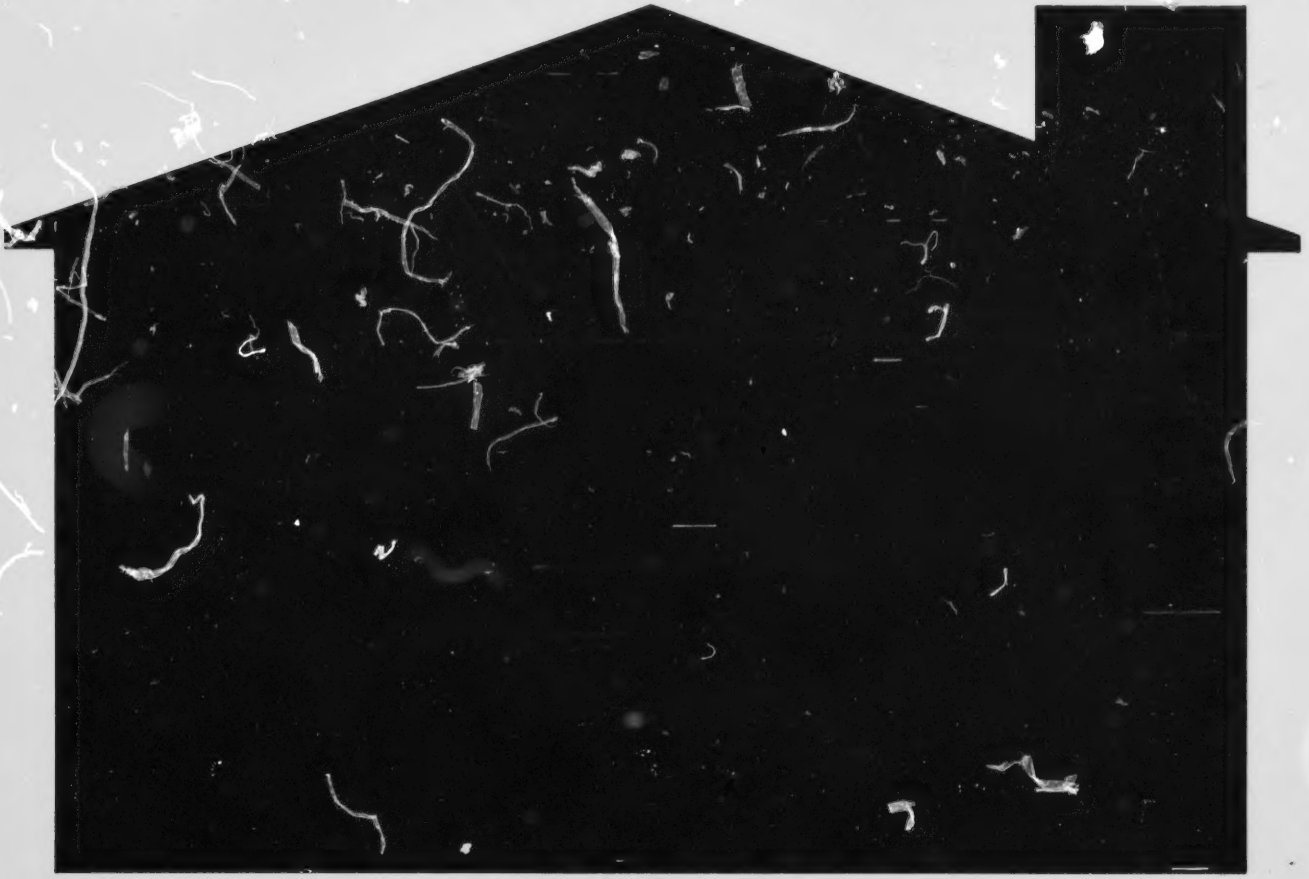
FAMILY

8

23 percent of all Texans—about 2 1/2 million persons—live in crowded or overcrowded housing.

3 out of 5 of those are children under 18.



SOURCE: Texas Department of Community Affairs, Texas Office of Economic Opportunity, *Poverty in Texas*, 1973.

COMMENT: Crowding is defined as more than 1.01 persons per room in a dwelling unit. The effect of crowding on the young child may be summarized best by Dr. Raymond Wheeler in testimony before a subcommittee of the U.S. Senate Committee on Labor and Public Welfare in 1970: "How can the child possibly be emotionally well adjusted when he has no privacy...? How can he possibly stay awake in school the following day when he has attempted to sleep in a bed with three or four of his brothers and sisters?"

The number of Texas teenagers marrying is increasing at a rate four times that of all Texans.

SOURCE: *Texas Vital Statistics*, 1968-72.

COMMENT: The number of teenagers marrying in Texas increased 45 percent between 1968 and 1972, compared to 11 percent for all Texans. The implications of marrying in adolescence and starting a family are significant, considering that most Texas high school students have received more training in how to drive a car than in how to rear children. Studies have shown that teenage parents are emotionally immature and have unrealistic expectations of how children develop.

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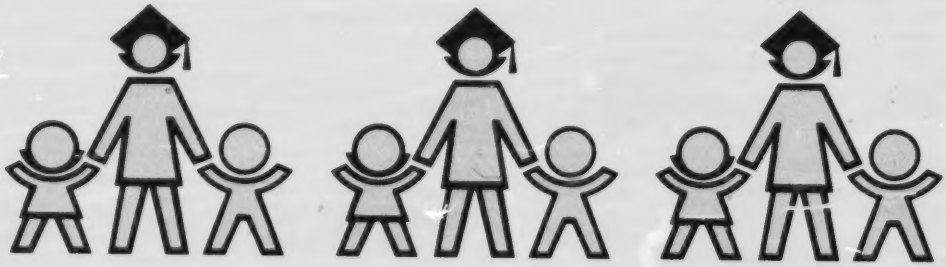
40 percent of Texas mothers with children under six have not finished high school.

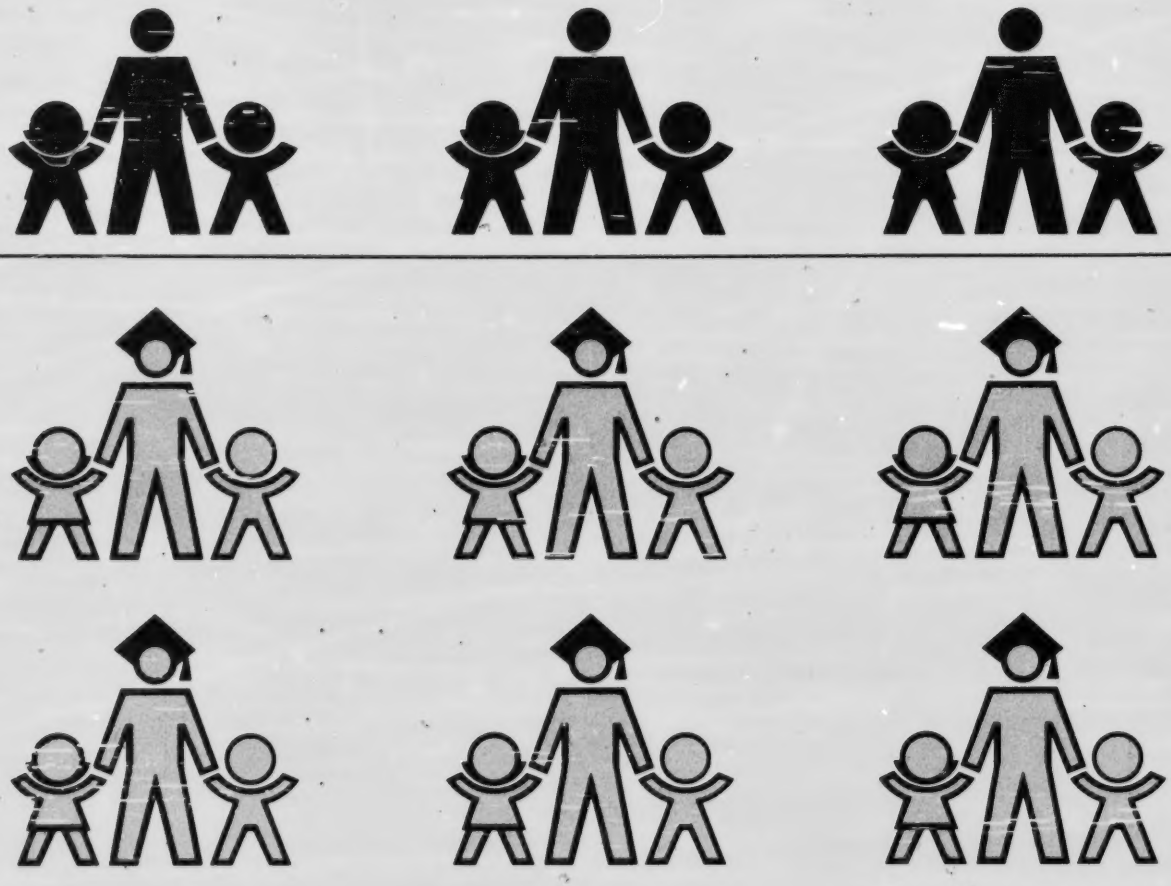


SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Because many mothers with children under six must work to support or help support the family, a low level of educational attainment indicates that many mothers lack the skills that would enable them to obtain higher paying jobs. In some cases, a mother's income is little more than the amount needed to pay for the child care that enables her to work.

One-third of Texas fathers with children under six have not finished high school.

11



SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Young men who drop out of high school to marry or for other reasons are frequently ill-equipped to enter the labor market and earn an adequate income. Once a young man becomes a father, he is forced to continue working at low wages to provide the basic necessities for the family. It is often impossible for him to discontinue working temporarily to further his education.

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12

More Texas high school dropouts quit school because of marriage, pregnancy or both, than for any other reason.

SOURCE: Texas Education Agency, *Texas Education Product Study*, Vol. II, 1972, pages 16-26.

COMMENT: "Marriage and/or pregnancy" was cited by nearly 37 percent of the high school dropouts in the TEA study. This reason topped all others, including "Needed or wanted to seek a job" (14 percent). Teenagers who marry and have children before they are ready may be burdened with the responsibilities of family life before they have overcome the emotional traumas of adolescence. Failure to finish high school also may impede a person's ability to enter the job market with reasonable skills and at a wage level adequate to provide for a family.

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13

The number of babies born to Texas mothers 19 and under is increasing at a rate five times that of all Texas births.

SOURCE: *Texas Vital Statistics*, 1968-1972.

COMMENT: Even though Texas live births increased 3.5 percent from 1968 to 1972, births to mothers 19 years old and under increased 16.4 percent. Compared to an older mother, a teenage mother stands a greater chance for poor nutritional status and inadequate prenatal care. Unmarried teenagers are doubly disadvantaged because of the psychological and economic impacts of dropping out of school and caring for a child.

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FAMILY

14

An estimated 4,000 child abuse cases will be confirmed in Texas in 1974.

SOURCE: Texas State Department of Public Welfare, July 1974.

COMMENT: Experts say the confirmed child abuse cases are only a fraction of all child beating that occurs. Studies have shown that 60 to 80 percent of child abuse victims are under age 5 and that many abusive parents are emotionally immature.

"A sound mind in a sound body is a short but full description of a happy state in this world."

—John Locke

Perhaps nothing is so basic to a child's future development—and indeed the fact of existence itself—as health. Even before birth, the child's fate is being molded—in the womb of the mother. Her physical and mental health have a direct bearing on the child's.

Carriage to full term, a safe delivery, the child's survival past the first year, and the absence of handicaps are better assured if a woman maintains sound health habits before and during pregnancy. Regular visits to a doctor (prenatal care) are essential to detect maternal illness and anticipate birth difficulties. Emotional pre-

00355

paration for the child by both mother and father influences the delivery and the later care of the child.

Contrary to popular belief, a child born in the United States has less chance of surviving the first year of life than he would in 13 other industrialized nations of the world. The infant death rate in Texas in 1972 was worse than that of the United States: 20.2 deaths per 1,000 births compared to 18.8 for the nation. The infant death rate has been used to measure more than incidence of fatality among children under age one. Social scientists have found that it is a reliable indicator of a population's general health.

Social scientists also have found that they can single out certain children in a population who stand a greater chance of developing some type of physical, mental or emotional disorder. This is accomplished by applying various criteria to a child, such as the mother's age and education when she gave birth, the number of previous pregnancies or complications in pregnancy, the child's legitimacy, and the child's birth weight. A child who negatively matches one of these criteria is said to be "at risk," signaling first priority for attention.

One high risk criterion used by social scientists as well as medical experts, for example, is illegitimacy. Babies born to unmarried mothers appear less likely to receive proper health care because the mother usually has little or no income. In fact, the infant mortality rate for illegitimate children nationwide is 75 percent higher than for legitimate children. Two other examples of high risk criteria are 1) low birth weight, also called "premature" birth, which is a birth weight of under 5 1/2 pounds, and 2) a maternal age of 19 and

under. Some statistics relating to illegitimacy, low birth weight and maternal age in Texas appear in this section. The Texas Household Survey of Families with Children Under Six applied a limited number of criteria to children in the sample and found that 61 percent had one or more high risk characteristics.

Medical attention is essential during pregnancy, at delivery and at regular intervals throughout childhood. A child who regularly visits a physician or clinic during the preschool years—even when the child is not ill—has a greater chance of having any abnormalities recognized early and treated so that development may proceed normally. For example, a deaf child whose handicap is diagnosed at age 1 or 2 can receive training that will enable him to keep up with his peers as they enter school. A delay until age 5 or 6 diminishes the child's chances of normal progress.

Few children escape childhood without illness or injury. One sure way to prevent certain serious diseases is immunization. Many young parents have only vague notions of the devastating effects of diseases, such as diphtheria and whooping cough, and do not realize that infants and toddlers are more vulnerable than any other age group to these diseases. Health officials fear that because polio no longer poses the scare it did several years ago, parents will become increasingly lax about having their preschool children immunized.

Many children continue to die needlessly in accidents. According to the report from the 1970 White House Conference on Children, accidents are the leading cause of death and injury to children nationwide after age 1. And most accidents involving children occur

in or near the home, rather than at school or on the streets and highways. Accidents kill more Texas children aged 1-4 than any disease or abnormality.

The health of Texas preschoolers is fundamental to their development and productivity. The words of George Herbert Tinley Kimble, a contemporary British author, apply to all persons, but they are particularly significant for young children:

> *It is bad enough that a man should be ignorant, for this cuts him off from the commerce of other men's minds.*
>
> *It is perhaps worse that a man should be poor, for this condemns him to a life of stint and scheming, in which there is no time for dreams and no respite from weariness.*
>
> *But what surely is worst is that a man is unwell, for this prevents his doing anything about his poverty or his ignorance.*

23 Texas counties have no medical doctor.

190 counties have no obstetrician-gynecologist.

15

NO OBSTETRICIAN-GYNECOLOGIST

NO MEDICAL DOCTOR OR OBSTETRICIAN-GYNECOLOGIST

SOURCE: Texas Medical Association, Office of Medical and Health Manpower, *A Statistical Report on Texas Population, Physicians, Births, Infant Deaths, Hospitals and Other Data*, February 1972.

COMMENT: The fact that a family in some Texas counties must drive to another county to see a physician may influence the frequency of visits and the outcome of emergencies. The absence of physicians raises questions about other kinds of health care: "All practicing physicians make professional decisions which largely govern many aspects of patient care beyond the physician's office, as well as the activities of the others employed in providing health care." (From *Allied Health Manpower in Texas*: 1973)

HEALTH

16

76,000 children under six in Texas were born without any prenatal care.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

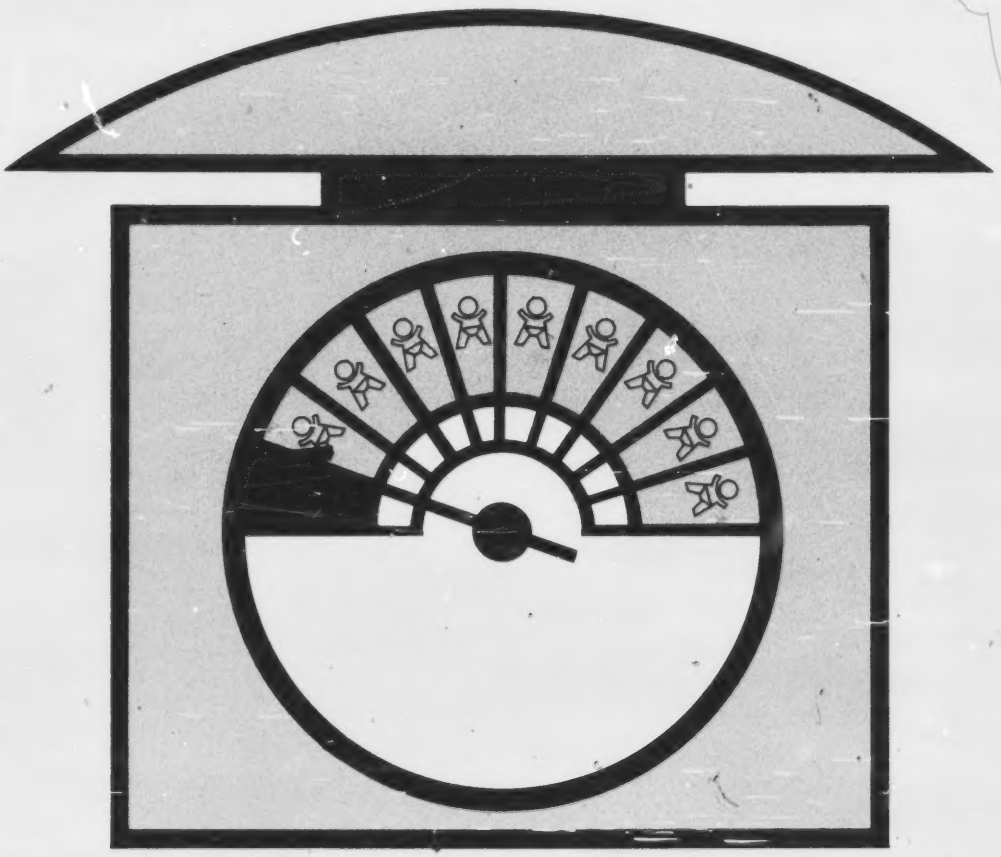
COMMENT: A woman who does not visit a doctor regularly during pregnancy is taking chances with her life and the life of her unborn child. Lack of prenatal care may lead unnecessarily to premature birth, difficult delivery and recovery, a physically or mentally impaired baby, or even the baby's death.

1 of 10 babies born in Texas has a low *birth weight.*

This ratio is 20 percent higher than the national average: 1 of 12.

17

HEALTH



SOURCE: State Department of Health, Bureau of Vital Statistics; "Texas Household Survey of Families with Children Under Six," 1973; and *Statistical Abstracts.*

COMMENT: Premature or low-birth-weight babies (under 5 1/2 pounds) have a death rate *30 times greater* than babies who weigh more; they suffer more illnesses, growth failure and physical handicaps. (From hearings before the U.S. Senate Select Committee on Nutrition and Human Needs, 1973)

00041

HEALTH

18

4,328 Texas infants died in 1972.

SOURCE: *Texas Vital Statistics*, 1972, page 56.

COMMENT: Infancy is a critical period of life. In Texas more persons die during the first year of life probably than at any other single age (Bureau of Vital Statistics, State Department of Health). Major causes of death include pneumonia, asphyxia and respiratory distress at birth, and immaturity.

10012

19

HEALTH

One-third of Texas infant deaths in 1972 were due to birth injuries, difficult labor or loss of oxygen to vital tissues.

SOURCE: *Texas Vital Statistics*, 1972, page 30.

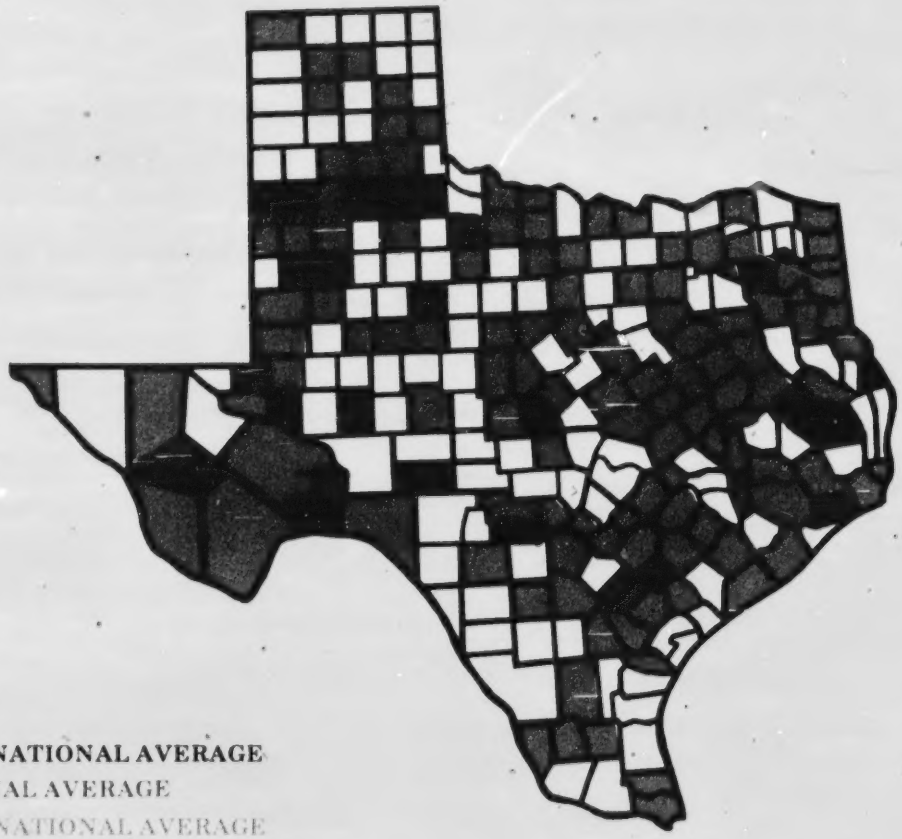
COMMENT: Conditions relating to childbirth accounted for 1,425 infant deaths in Texas in 1972. This fact raises serious questions about a possible lack of prenatal care and attention during delivery for some Texas women.

HEALTH

20

146 Texas counties have infant death rates higher than the national average.

23 counties have rates twice that of the U.S.; 3 counties have rates three times as high.



THREE TIMES NATIONAL AVERAGE

TWICE NATIONAL AVERAGE

HIGHER THAN NATIONAL AVERAGE

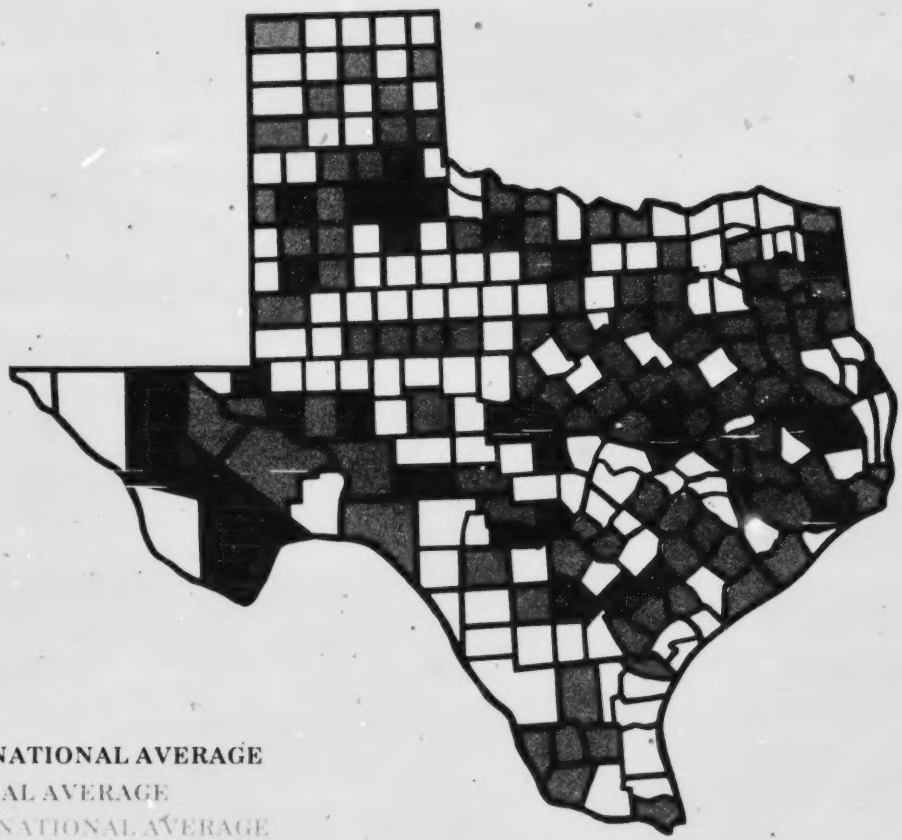
SOURCE: *Texas Vital Statistics,* 1972, pages 50-55; *World Almanac 1973,* page 951.

COMMENT: The infant death rate indicates the general level of health of a population. "A high infant mortality rate signals the existence of circumstances hostile to life, of an environment in which there are high rates of illness, poor conditions for birth, and mothers in poor condition...." (From *Disadvantaged Children: Health, Nutrition and School Failure* by Herbert G. Birch, M.D. and Joan Dye Gussow.)

For infants under one month old, the death rate is higher in 136 counties than for the nation as a whole.

28 counties have rates twice that of the nation; 7 counties have rates three times as high.

21



THREE TIMES NATIONAL AVERAGE

TWICE NATIONAL AVERAGE

HIGHER THAN NATIONAL AVERAGE

SOURCE: *Texas Vital Statistics,* 1972, pages 50-55.

COMMENT: The neonatal death rate, which refers to deaths of infants under 1 month old (28 days), is associated with biological factors—the mother's physical condition, her efficiency as a childbearer, her nutrition and other factors (From *Disadvantaged Children,* Birch and Gussow), which could be assessed and possibly improved before and during pregnancy.

00045

22

The probability of being born without prenatal care in Texas is 3 ½ times greater for illegitimate babies than for other infants.

The probability of low birth weight is 1 1/2 times greater for illegitimate babies.

SOURCE: State Department of Health, Bureau of Vital Statistics, 1970.

COMMENT: The baby born to an unmarried mother faces obstacles in receiving adequate health care because the mother may not be able to pay for services, she may be reluctant to seek help, and the child's questionable legal status may deny him services that are normally available to other children.

23

HEALTH

The probability of being born to a teen-age mother in Texas is 3 times greater for the illegitimate baby than for the legitimate baby.

Illegitimate babies are 22 times more likely to have mothers under 15.

SOURCE: State Department of Health, Bureau of Vital Statistics, 1970.

COMMENT: A maternal age of 19 and under and illegitimacy are two indications of "high risk." This means that a child under these conditions stands a greater chance of developing some type of future disorder. Teenage and unwed mothers—compared to older, married mothers—may be less able to adequately care for a child because they are more likely to have a lower economic status and be less psychologically mature.

00047

HEALTH

24

1,036 children under 15 died as a result of accidents in Texas in 1972.

Half of them—514—were under age 5.

SOURCE: *Texas Vital Statistics*, 1972, page 70.

COMMENT: Most serious accidents are preventable. Hazards exist in the home—often under ordinary guises, such as in household chemicals and appliances—at school and on the highway. Many accidents occur because parents do not recognize potential hazards, fail to take precautionary measures or leave their children unsupervised.

25

HEALTH

Of Texas children 1–4, accidents are the chief cause of death.

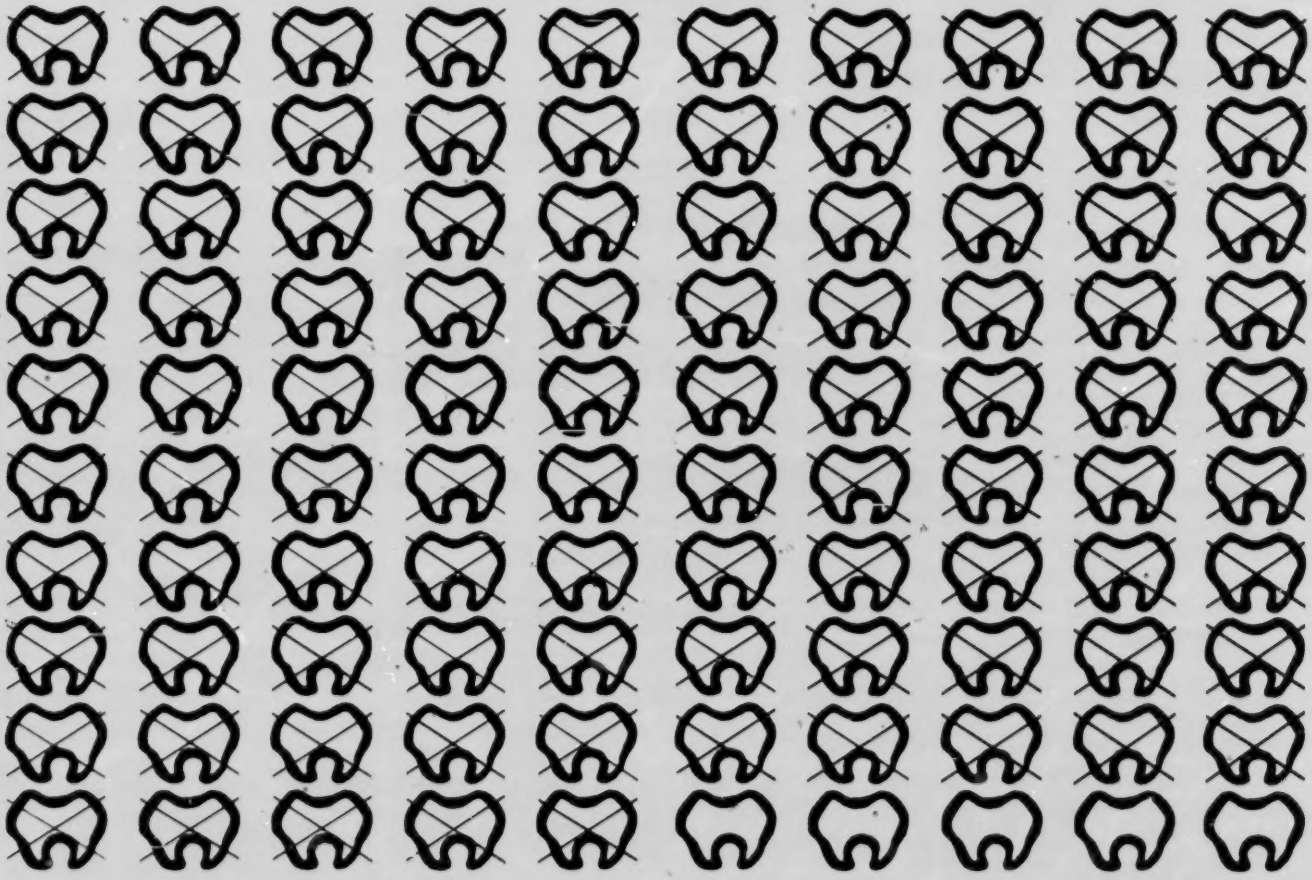
SOURCE: *Texas Vital Statistics*, 1972, page 70.

COMMENT: In 1972, 313 Texas children 1-4 years old died from accidents. Accidents are not only the chief cause of death for this age group, but also more than three times more prevalent than the next leading cause—congenital defects.

10049

26

95 percent of preschool children in the Texas Nutrition Survey (TNS) had never seen a dentist.



SOURCE: Texas Nutrition Survey data, 1968-69; personal interview with Dr. William McGanity, UT Medical Branch, Galveston, July 1974.

COMMENT: The recommended age for a child's first visit to the dentist, according to Dr. James Gossett of the Texas Dental Association, is 2 or 3, when a child acquires all 20 of his baby teeth. Decayed baby teeth are more serious than is popularly believed, because they can affect the alignment of permanent teeth growing underneath. Decayed permanent teeth among primary school children is an indication of health and nutritional problems. Among children 5-9 years old in the TNS, 87 percent needed fillings and one-third needed a permanent tooth extracted.

0050

"And then to breakfast with
What appetite you have."
—William Shakespeare

The human body undergoes its most rapid and dramatic growth during the fetal period and the first year of life. Dr. Elie Shneour in *The Malnourished Mind* says "...the entire course of human existence is largely determined by the nutrition received during that time (conception to age 1)." In testimony before the U.S. Senate Select Committee on Nutrition and Human Needs, Dr. Charles Upton Lowe said, "The earlier malnutrition exists, the more devastatingly it impinges on growth and development..."

Evidence of the importance of sound nutrition during pregnancy has been derived principally through comparing the pregnancy outcomes of malnourished and well-nourished women. Studies have shown, for example, that malnourished pregnant women give birth to a larger number of premature or low-birth-weight infants. These babies have a higher mortality rate and are more likely to suffer brain damage. In Great Britain during World War II, when pregnant women were given special priority in food-rationing, the stillbirth rate fell 25 percent, from 38 per 1,000 births to 28.

The U.S. Senate Committee on Nutrition and Human Needs, mentioned earlier, reported evidence that links arrested brain

00653

development with malnutrition during the last three months before birth and the first 12 months after birth. Severely malnourished infants may have as many as 40 percent fewer brain cells than well-nourished babies. The growth of the human brain is essentially complete around 12 months of age, reaching nearly 1,000 of its expected 1,400 grams. Researchers believe that a deficiency of essential nutrients during the first year of life cannot be made up; the result is permanently impaired intelligence.

Whether or not the deficiency is permanent, says Dr. Shneour, "is not as important as the fact that it persists at least long enough to interfere with learning during the critical, early years and thus interferes with the adaptation of the child to society. Not only does the child bring a deficient mind to the task of growing up, but he is also condemned to do poorly in school, with all the consequences this entails for him, his family and society at large."

For some Texas women and children, the nutritional problem is getting enough food; but for many others, the problem is getting enough of the right kinds of food. Poverty appears to be central to the problem, according to the report *Maternal Nutrition and the Course of Pregnancy,* published in 1970 by the National Academy of Sciences. But "there are also women with adequate incomes who for other reasons, including the current fashion for slimness, arrive at childbearing age with poor health and nutritional status and inappropriate health habits."

Once a woman becomes pregnant, the report continued, any attempt at dieting should be delayed until after the baby is born. "Severe caloric restriction, which has been very commonly recom-

mended, is potentially harmful to the developing fetus and to the mother and almost inevitably restricts other nutrients essential for growth processes." Nutritional concern is compounded when the mother is a teenager, because "the nutritional demands of pregnancy are superimposed on those of adolescence."

Poor eating habits are an unfortunate side effect of a technology that has produced prepackaged and overprocessed foods. Dr. Shneour says that physicians today are seeing "an increasing number of babies suffering because of their teenage mothers' diet of potato chips and cola drinks." Poor food habits often begin in early childhood when children fail to eat an adequate breakfast and snack throughout the day on sweets. A sugar-rich diet leads to tooth decay, obesity, and other health problems in later life.

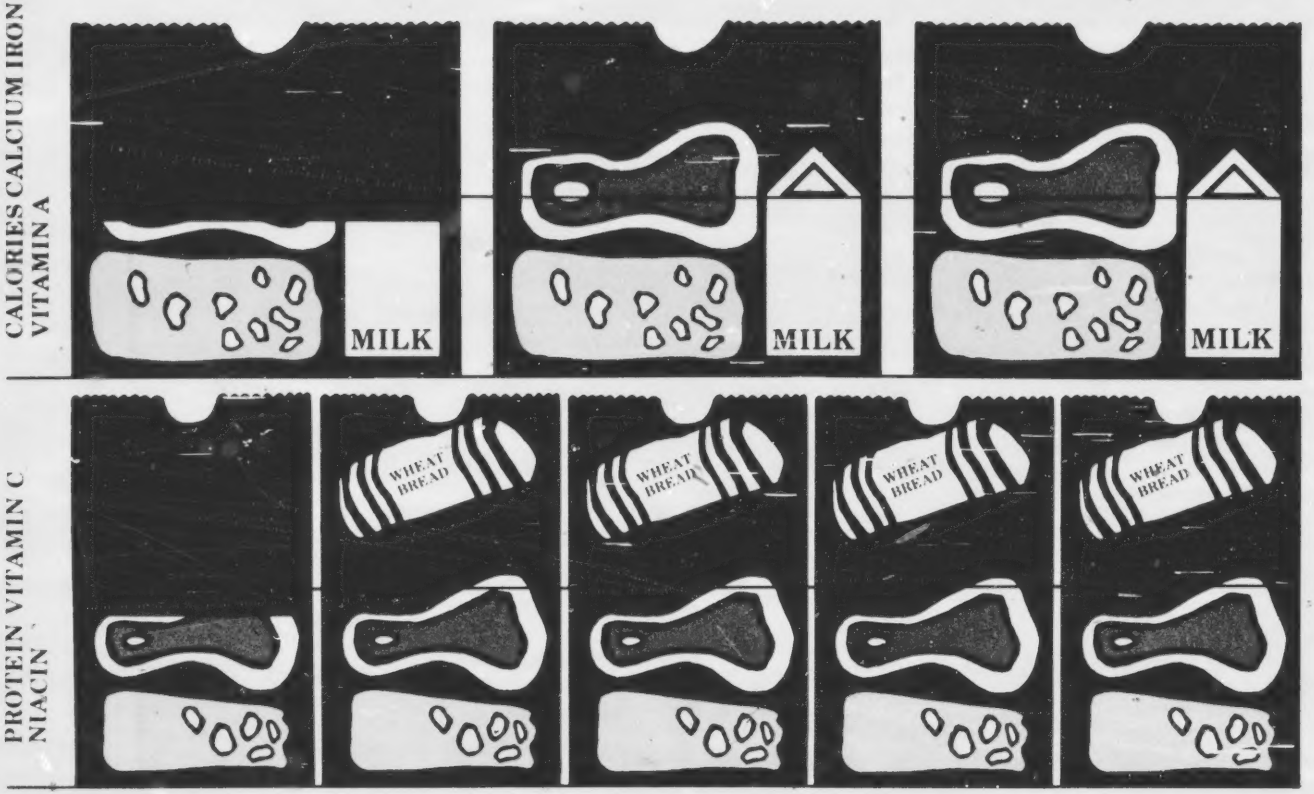
During the year 1968-69, a comprehensive nutritional health survey was conducted in Texas among a randomly selected sample of families who resided in the lowest socioeconomic sector of the state. Preliminary data from the Texas Nutrition Survey (TNS) was published in *Texas Medicine* in 1969. Additional unpublished data, provided in July 1974 by Dr. William McGanity, survey co-director, appears in the following pages. "RDA," as it is used in this section, stands for Recommended Dietary Allowance, the standard developed by the National Academy of Sciences--National Research Council. The RDA is supposed to represent levels of good nutrition for the vast majority of American people. Dr. McGanity says, "Based on data from the TNS studies, we can gain some insight into the nutriture of a presumably vulnerable portion of our preschool children."

10055

27

1 of 3 pregnant and/or nursing teenage mothers in the TNS ate less than *half* the Recommended Dietary Allowance (RDA) for calories, calcium, iron and Vitamin A.

1 in 5 ate less than *half* the RDA for protein, Vitamin C and niacin.



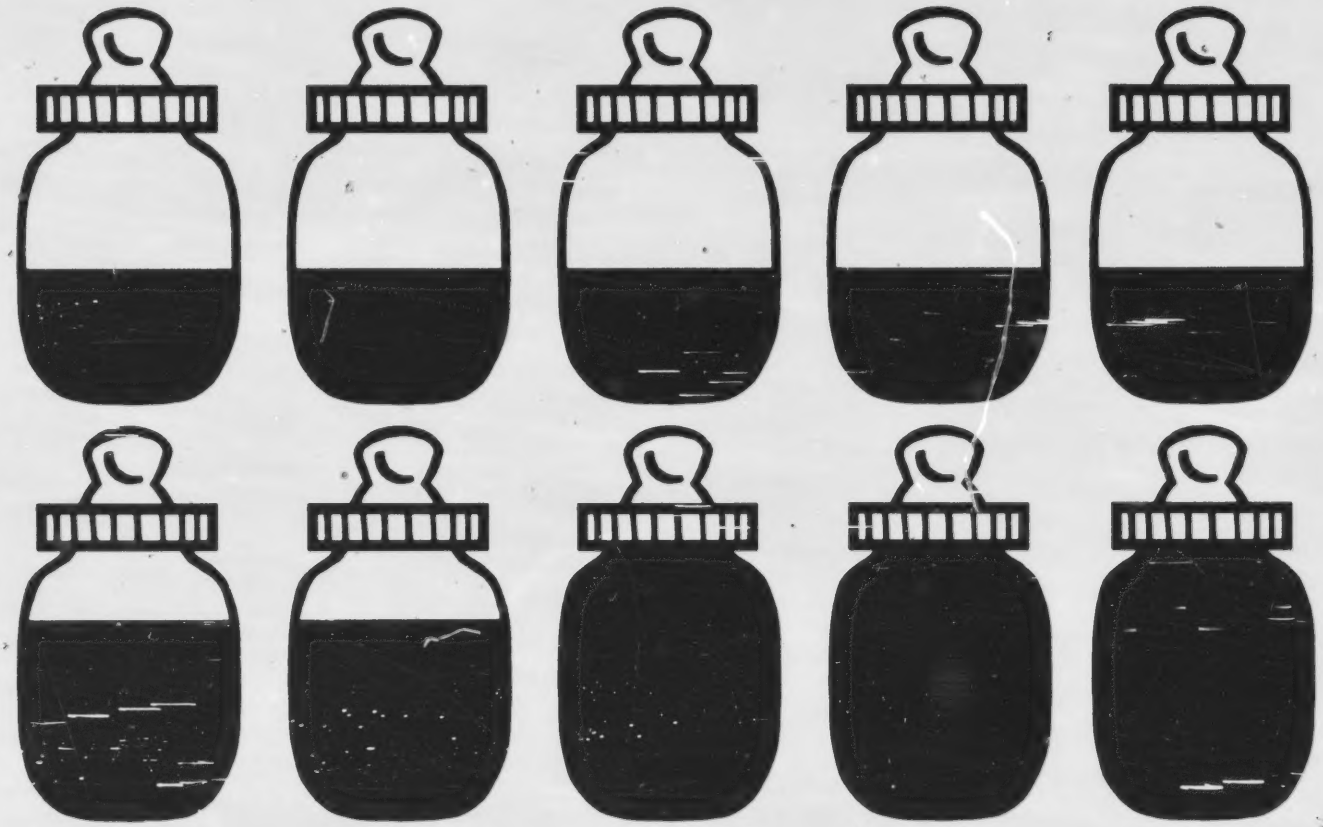
SOURCE: Texas Nutrition Survey data, 1968-69; personal interview with Dr. William McGanity, UT Medical Branch, Galveston, July 1974.

COMMENT: For adolescents under age 17, an adequate diet—particularly with regard to calories, protein, and calcium—is critical for physical maturation. Pregnancy imposes additional needs for calories and nutrients. Nutritional deficiency could cause complications during pregnancy and childbirth and may lead to physical and mental impairments in the child.

1 of 2 children under age 4 in the TNS ate less than *half* the RDA for Vitamin C.

1 in 6 had inadequate blood levels of Vitamin C.
20-25 percent ate less than *half* the RDA for calories, calcium, Vitamin A and niacin. Over 30 percent had inadequate blood levels of Vitamin A.

28



SOURCE: Texas Nutrition Survey data, 1968-69; personal interview with Dr. William McGanity, July 1974.

COMMENT: Poor nutrition can prevent a child from attaining full height, delay skeletal development, cause various skin ailments, reduce the body's defenses against disease and produce other maladies. Inadequate nutrition also may be accompanied by behavioral problems, such as fatigue, restlessness and disinterest, which restrict the child's opportunities for intellectual and social development.

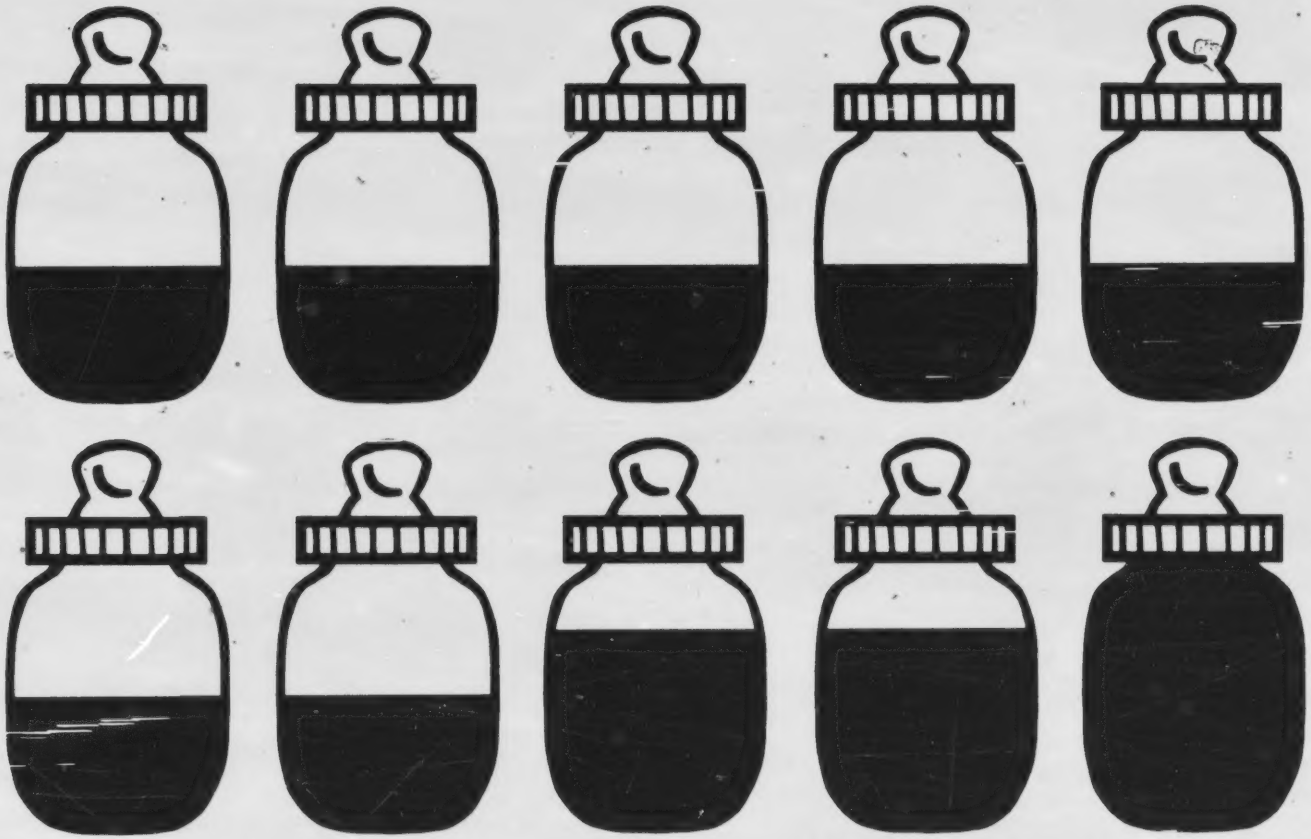
00057

NUTRITION

29

Nearly 70 percent of the TNS children under four received less than *half* the RDA for iron.

10-20 percent had "anemic" levels of hemoglobin.



SOURCE: Texas Nutrition Survey data, 1968-69; personal interview with Dr. William McGanity, July 1974.

COMMENT: Research studies have shown that insufficient iron has a negative effect on mental functions. While the effect on I.Q. is slight, anemic children exhibit symptoms associated with severely impaired learning ability. Also, the threat of infectious disease or medical illness increases when a child becomes anemic.

Preschoolers in the TNS had patterns of height growth significantly below United States norms.

The average child under four surveyed was one inch shorter.

30

SOURCE: Texas Nutrition Survey data, 1968-69; personal interview with Dr. William McGanity, July 1974.

COMMENT: Bone growth retardation was prevalent among all ethnic groups in the survey, but particularly among Mexican-Americans. Growth retardation suggests general nutritional deficiencies. Poor nutritional status and the chance for accompanying physical disorders, then, seems to be greater for low-income children in Texas than in the nation as a whole.

00959

31

1 in 3 preschoolers in the TNS were at significant nutritional risk.

SOURCE: Texas Nutrition Survey data, 1968-69; personal interview with Dr. William McGanity, July 1974.

COMMENT: The prevalence of certain nutrients in the body can be measured by use of the "biochemical index," which is probably the best indicator of the overall quality of one's food intake. In the Texas Nutrition Survey, 1 in 3 preschoolers had two or more inadequate levels of a nutrient in their body fluids; 3 in 4 had at least one inadequate level of a nutrient.

0360

32

NUTRITION

75,000 Texas preschoolers eat no breakfast.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Nutritionists say that breakfast should supply at least one quarter of the day's intake of calories, protein and other nutrients; the meal is doubly important because the body has been without food for 12 hours or more. Studies have shown 1) that school children who eat breakfast make sharper decisions and tire less easily than children who don't and 2) that food deficits incurred in the morning are rarely made up during the rest of the day.

00061

"What you're hanging around in the world waiting for, is for something to occur to you."

—Robert Frost

Since the end of World War II, an increasing number of mothers has joined the labor force. From 1948 to 1972, the ratio of working mothers with children under six nationwide jumped from 1 in 8 to 1 in 3. The economic pressures of providing for a family, the rising divorce rate, and a trend by women to combine homemaker and career roles are propelling women into jobs, even before their children start to school. Many Texas mothers are heads of households. Of the 287,213 female household heads in Texas, nearly two-thirds are in the labor force. The upshot of these developments has

been a growing demand for child care.

Almost all families, regardless of the parents' employment status, require child care from time to time. Temporary care may be needed because of family illness, emergency or emotional stress. Some children, who live too far from playmates or safe playgrounds, benefit from occasional days in a child care center.

A generation ago, relatives and neighbors frequently pitched in to help a family take care of its children. Today, young parents tend to be separated from their own parents, cousins, aunts and uncles (the extended family) by great distances. And because young families are highly mobile, the status of a neighborhood is in constant flux; it no longer is unusual for the people who live across the street to be strangers. Today's parents often must pay someone to care for their children in or out of the home. Child care costs vary in Texas, depending on the type of arrangement and the number of children. Parents may pay approximately $50-$100 a month to place one child in a day nursery. Parents who hire a full-time babysitter are required to pay $2 an hour (approximately $320 a month), according to federal minimum wage guidelines. Of course, many parents now have the option of enrolling their five-year-olds in public kindergarten, and low-income parents are eligible to use publicly funded child care facilities at little or no cost.

The State Department of Public Welfare licenses child care centers (a facility that provides care for more than six children) and family day homes (a private home that takes in six or less children). The Department emphasizes, however, that its standards are the minimal requirements for safety, sanitation, food service and other

factors. Not all child care facilities in Texas are licensed; the quality of unlicensed services varies greatly. Parents may not always check a facility's credentials. In some cities, child care demands are so great that parents are relieved to find any facility with room enough for their child, at a price that fits their budget and with operating hours that fit their job schedules.

It is assumed that parents want their children to receive the kind of loving, stimulating care the parents themselves would provide in their own home. Unfortunately, the quality of child care is not uniform. A 1972 report by Mary Dublin Keyserling, entitled *Windows on Day Care,* contends that a small percentage of the proprietary child care centers surveyed in the nation were providing "superior" or "good" care. The study also contends that many centers did not have enough adults for the children enrolled, qualifications of staff were usually low, and parent participation was virtually nil. In the 1973 Texas Household Survey of Families with Children Under Six, a significant number of mothers reported they did not work because of a lack of quality child care in their communities.

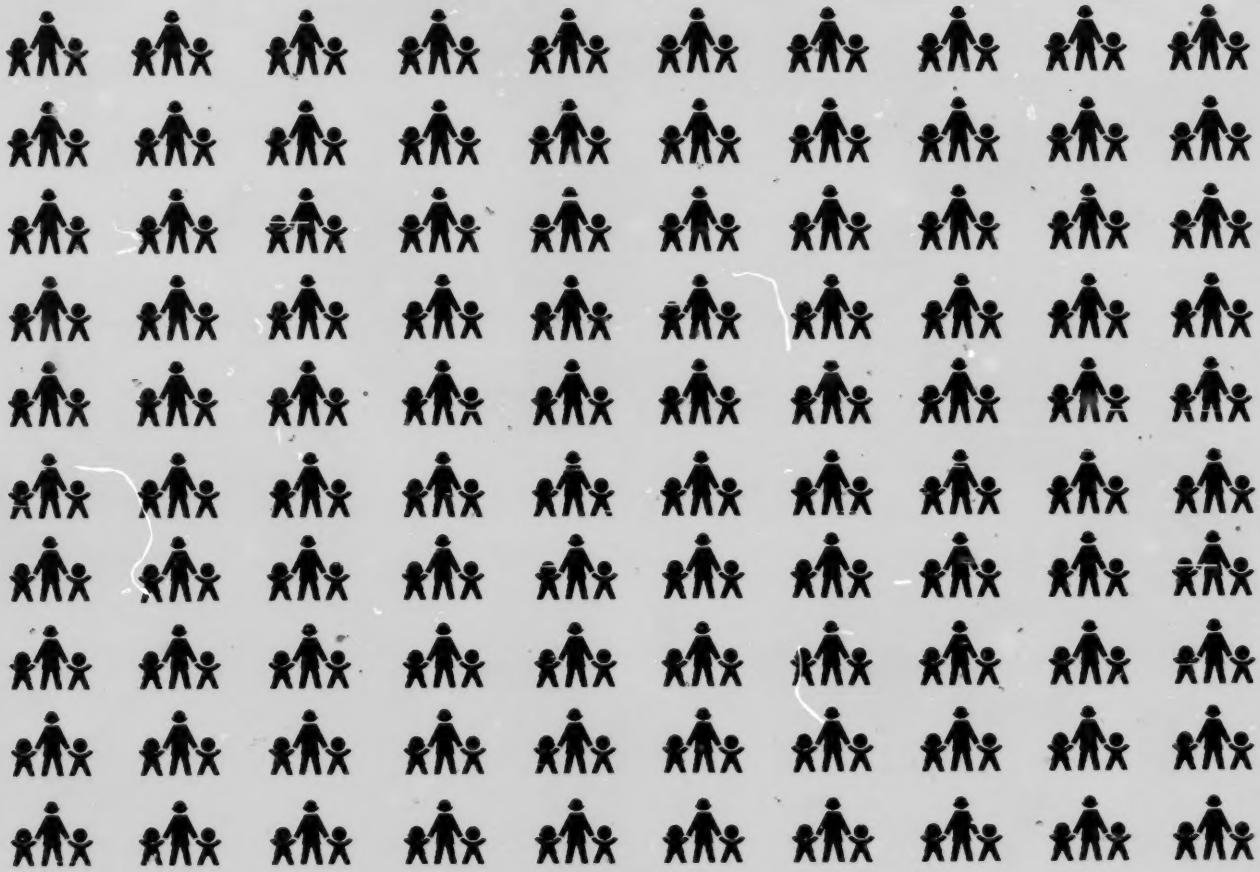
In the absence of parents, a child's safety and health are basic considerations. The fact that a child can spend as many as nine hours a day in a child care setting warrants consideration for his social, intellectual and emotional development. The key to quality care, early childhood development experts say, is the care giver. The child care center worker should be affectionate and supportive and have skills that have been developed especially for interacting with preschool children.

00068

"The acute shortage of quality day care facilities (in America) today," Keyserling said in *Windows on Day Care,* "is depriving millions of children of the opportunity to get a good start up the ladder of life. For many it will forever deprive them of the chance to realize their potentials."

Of Texas mothers with children under six, 34 percent are in the labor force.

33



SOURCE: U.S. Census, 1970.

COMMENT: In 1970, 268,000 Texas mothers with preschool children were in the labor force. These mothers must make child care arrangements, such as enrolling the child in a day nursery or a family day home, hiring a babysitter or leaving the child with a neighbor or relative.

00068

CHILD CARE

34

The labor force participation rate for Texas mothers with children under six has increased 50 percent in 10 years.

The rate for all Texas women has increased 20 percent.

SOURCE: U.S. Census, 1960 and 1970.

COMMENT: Texas women are entering the work force in increasing numbers—from 1.1 million in 1960 to 1.6 million in 1970. The number of Texas working mothers with children under six, however, has increased half again as much during the same period, from 184,951 to 267,583.

00669

35

84 percent of working mothers with children under six in Texas are working because of economic necessity.

28 percent are the sole support of the family.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: For many Texans, the cost of supporting a family in the 1970s requires more than one income. A mother's income enhances not only the quantity but also the quality of essential goods and services, such as food and health care. For some Texas families, the working mother supplies the only means of support. If she and her children are to stay off welfare, she must have child care in order to work.

00070

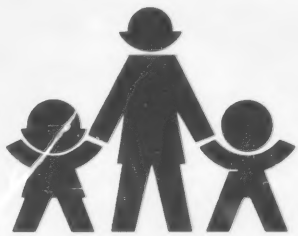
CHILD CARE

36

Nearly 3 of 4 working mothers with children under six in Texas work at least 40 hours a week.

(WEEKLY HOURS WORKED)

40



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SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Most working mothers are not part-time employees, as is commonly believed. The large proportion of mothers employed full-time indicates: 1) pressing economic need of families and 2) a low wage scale that requires the mother to work longer for more money. Full-time employment for so many mothers creates a steady, year-round demand for child care.

37

The need for child care for working mothers is high, regardless of income level.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Among working mothers with children under six in poverty families, 94 percent of those interviewed said they are the sole source of income or help supplement family income. Likewise, 85 percent in near-poverty families and 75 percent in above-poverty families said they work for economic reasons. The preschool children of all these mothers, from poor to non-poor, require care while their mothers work.

96072

CHILD CARE

38

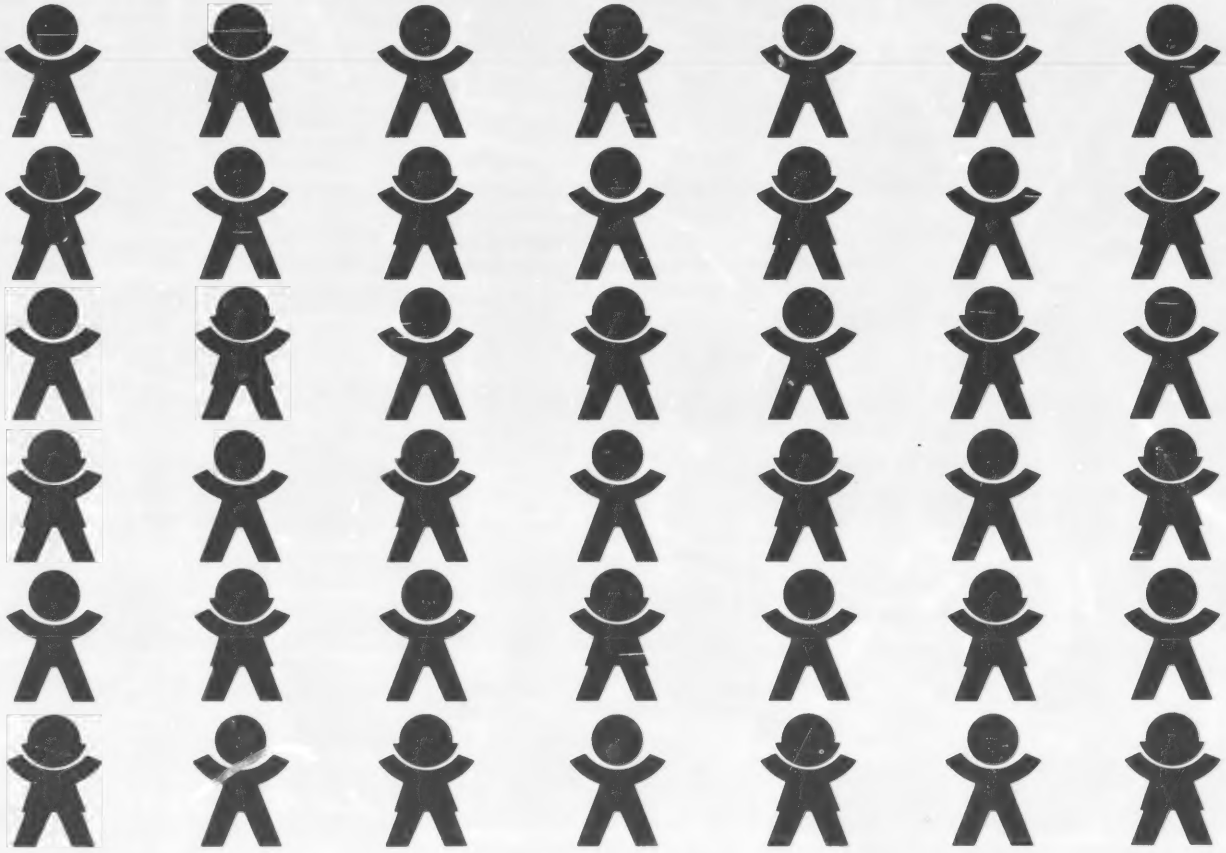
Among Texas children under age six, 1 in 3 is in a child care arrangement.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Contrary to popular belief, a large proportion of Texas preschool children, including infants and toddlers, are not at home with their mothers during the day. They are cared for at home by someone other than a parent, in another person's home, in a child care center or nursery school, in a Head Start center, or in kindergarten.

For the 420,000 Texas children under six whose mothers work, there are 108,000 licensed child care spaces.

39



SOURCE: U.S. Census, 1970, and State Department of Public Welfare, Social Services Division, 1974.

COMMENT: Demand for child care has grown faster than supply. Many Texas parents probably find satisfactory arrangements outside licensed child care, such as putting a child in the care of an affectionate aunt or grandmother in a home setting. But arrangements for many other children are in question. Some are undoubtedly placed in unlicensed facilities. Others may receive little or no supervision.

06074

40

32,000 Texas children under six are left to care for themselves while their mothers work.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Many young children are left alone without supervision because their parents cannot afford child care or because child care is not readily accessible. These so-called "latch-key" children are denied basic caring needs, they are more prone to accidents, and they are more likely to feel isolated and unwanted.

30075

41

CHILD CARE

There are another 33,000 Texas children under six who may not be receiving care while their mothers work.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: Many Texas preschoolers are receiving care of questionable quality. These include children who may accompany a parent to the place of employment, such as a small shop where the parent must work and watch the child at the same time. Other examples include those children who are cared for at home by a disabled father, or by parents working different shifts, leaving the child with a sleeping parent part of the day.

00676

CHILD CARE

42

Because Texas mothers need to work, there must be child care.

SOURCE: "Texas Household Survey of Families with Children Under Six," 1973.

COMMENT: 85 percent of Texas preschool children whose mothers work are in some type of child care arrangement, compared to only 9 percent of the children of nonworking mothers. Working mothers with no child care arrangements may work at home, take their children with them to work, or leave them at home with little or no supervision.

"It takes all the running you can do to keep in the same place. If you want to get somewhere else, you must run at least twice as fast as that."

—Lewis Carroll

When families are unable to supply food, housing, clothing and security for their children, publicly funded services attempt to satisfy children's needs. A number of public and private agencies in Texas are working hard to improve conditions for young children in the state. By and large, they are doing a good job with the funds and personnel they have.

A principal public welfare program affecting children under six is Aid to Families with Dependent Children (AFDC), authorized by Title IV-A of the Federal Social Security Act. This program pro-

00980

vides financial aid to children who have lost normal support because of the death, imprisonment, desertion or disability of one or both parents. AFDC children are eligible for free child care and medical services; their mothers may receive job training and family planning information. Among the health programs for preschool children is the Early and Periodic Screening, Diagnosis and Treatment Program, authorized by Title XIX of the Federal Social Security Act. In this Program, AFDC children are examined for physical disorders and referred through Medicaid for treatment.

Texas has more than 40 programs that respond to needs of children under six. The programs are detailed in *Early Childhood Development in Texas: 1973-74,* prepared by TDCA's Office of Early Childhood Development. Another useful listing of children's programs appears in the *Catalog of Available Health, Social and Rehabilitative Services, 1972,* produced by the Governor's Office of Information Services.

In a state that is five times as big as some states and has more poor persons than any other state but one (California), providing services for young children is an enormous and complex task. Needs of children vary by locality, and agencies differ in the way they deliver services. As a result, services are unevenly provided across the state. In 1970 a Governor-appointed task force recommended coordination in the planning of early childhood development programs. And 86 percent of the Texas parents, professionals and community leaders who attended forums conducted by TDCA's Office of Early Childhood Development in 1972-73 said they favored coordination of early childhood services at the state or community level.

State agencies have already made great strides in coordinating programs for young children. The State Departments of Public Welfare and Health, for example, cooperate in providing social and health services to AFDC children, as mentioned earlier.

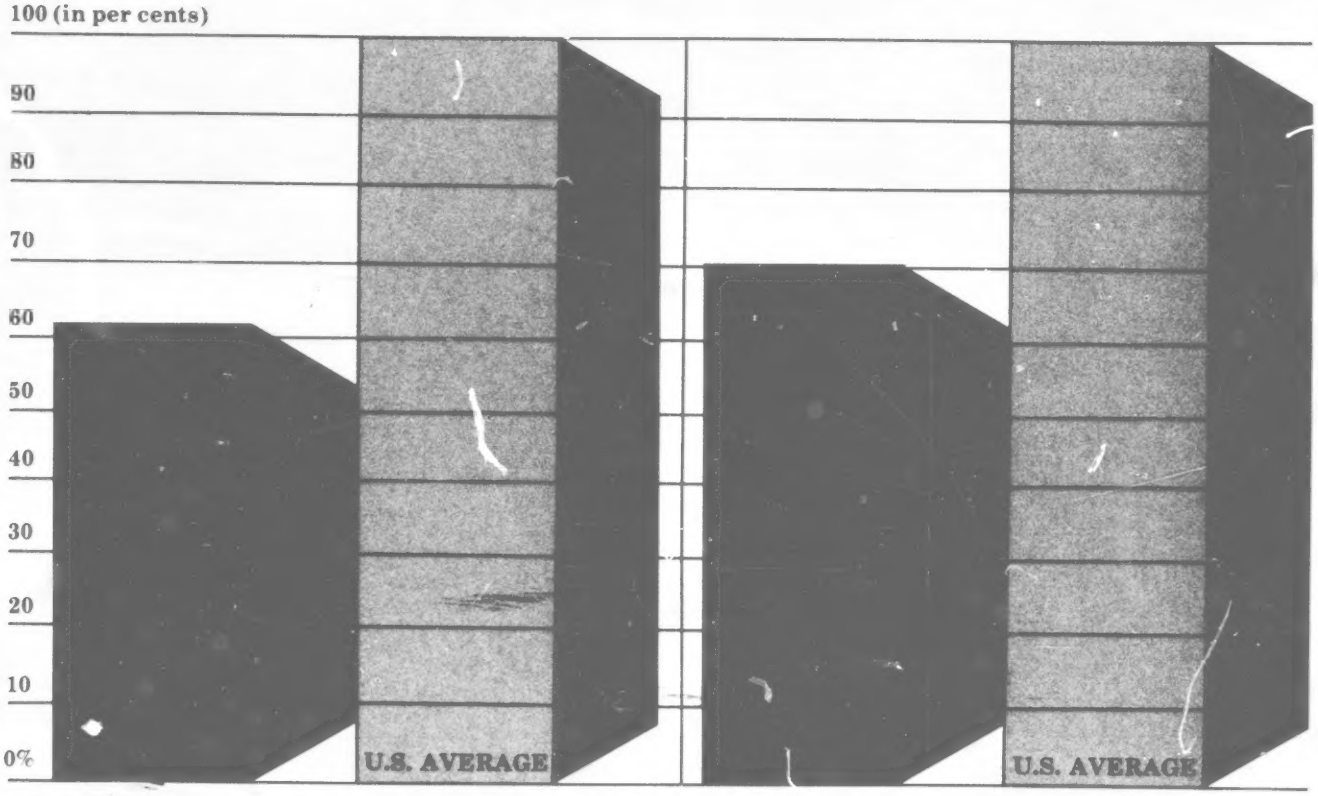
Despite the range and number of current activities, however, Texas' youngest citizens remain in need, as the preceding pages have shown. And when Texas expenditures for public welfare and health services are compared to those of the rest of the nation, the plight of Texas children begins to seem bleak indeed.

00052

43

Texas spends 37 percent less than the national per capita average for public welfare.

And 30 percent less for public health.



PUBLIC WELFARE

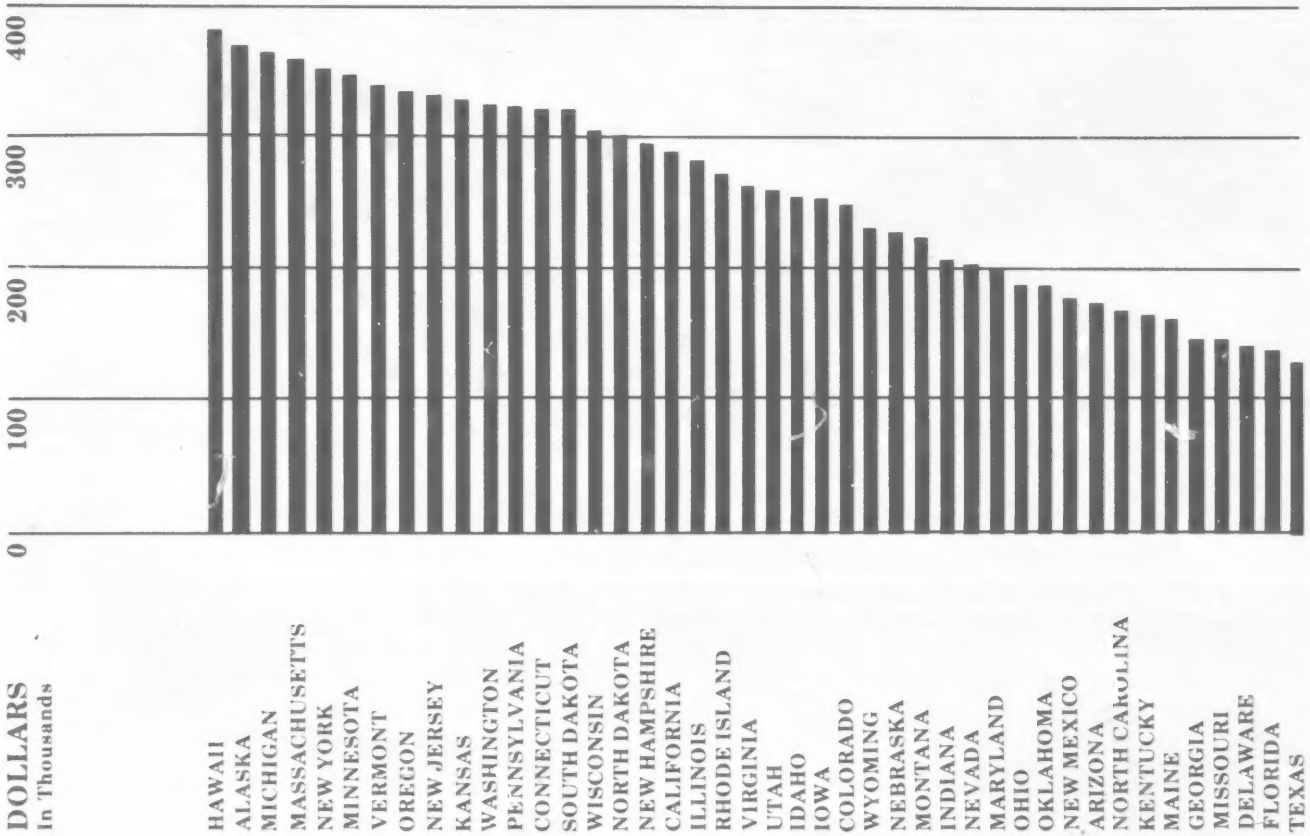
PUBLIC HEALTH

SOURCE: *The Book of the States*, 1973, page 221.

COMMENT: Although Texas ranks second in the number of poor persons in the nation, according to TDCA's Office of Economic Opportunity, it ranks twenty-fourth in expenditures by state and local governments for both public welfare and public health. Alabama, Mississippi, Georgia and Louisiana are some of the states ranking higher than Texas.

Texas falls behind 42 other states in the amount it pays to a welfare (AFDC) family of four.

44



SOURCE: *Public Assistance Statistics*, U.S. Department of Health, Education and Welfare, January 1974.

COMMENT: Families receiving money through the AFDC program in Texas are not getting rich. The most a mother and three children could receive in 1973 was $1,680 a year, as reported by the Department of Health, Education and Welfare's Social and Rehabilitation Service. That amount is little more than one-third the 1973 poverty income standard, $4,300, specified by the Office of Economic Opportunity and one-fifth the 1974 "lower living standard," $8,118, specified by the Bureau of Labor Statistics, Department of Labor.

00084

SERVICES

45

Texas ranks 20th in the nation in the money it spends on public welfare services for children.

SOURCE: *Statistical Abstract of the United States,* 1972, page 312.

COMMENT: Texas spent $4,870,000 for child welfare services in 1972, less than that of 20 other states, including Alabama and Georgia. In addition to Texas' poor ranking in expenditures for child welfare services is the rapidly expanding need for such services. Specifically, the State Department of Public Welfare estimates that its protective services caseload has doubled since 1973.

46

SERVICES

A poor child has less chance of receiving public social services in Texas than in any other state in the nation.

SOURCE: *Children Served by Public Welfare Agencies and Voluntary Child Welfare Agencies and Institutions*, U.S. Department of Health, Education and Welfare, March 1971.

COMMENT: Texas has by far the lowest reported rate of children who receive social services from state and local public welfare agencies. In Texas in 1971, 95 per 10,000 children benefited from AFDC payments and public protection from abuse, neglect and exploitation. By contrast, the national average was 416 per 10,000 children. Nearly 1 out of 4 children under 15 is poor in Texas. Yet fewer than 1 out of 100 Texas children under 21 actually receives social services.

00086

HOUSE OF TOMORROW

0007

"You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow."

—Kahlil Gibran

The needs of Texas children are very real. The family—the institution that is universally accepted as the most effective way to rear children—is being assaulted by rapid mobility, isolation from the extended family, divorce, and other disruptive factors. More than 1 in 4 Texas families with children under six are poor. An increasing number of teenagers is marrying and having children. And more and more Texans are reporting child abuse in their communities. These facts are significant because the family is the greatest single influence on a young child.

00089

More than 4,000 infants die in Texas every year—one-third of those from conditions relating to childbirth. Infant deaths suggest a lack of prenatal care and inadequate medical attention during delivery and the first year. Also, the infant death rate frequently is used to indicate the general health of a population.Currently Texas ranks slightly below the national average, which itself is below 13 other industrialized nations of the world. Accidents are the chief cause of death to Texas preschoolers after age 1.

Information on the nutritional status of Texas preschoolers is difficult to obtain, but it appears that a significant number have deficient diets. The Texas Nutrition Survey indicates that many low-income children and teenage mothers are not receiving the Recommended Dietary Allowance of certain nutrients and that low-income children are shorter than the the U.S. average. The Texas Household Survey of Families with Children Under Six indicates that a large number of preschoolers get no breakfast. Even mild but sustained malnutrition during the early years is damaging; it hinders the child's physical growth as well as his opportunities for social and intellectual development.

Nearly one out of three Texas preschoolers is in child care while his mother works. Demand for child care is increasing faster than supply. The number of working mothers with children under six has increased 50 percent since 1960. Many Texas children are literally having to rear themselves. Poor quality care may cause lasting injury to a child.

Although the birth rate in Texas is declining, the number of Texas children under six continues to grow. The preschool popula-

tion of Texas is expected to increase by nearly one-third by 1980, according to the National Planning Association. As a result, the demands for health care, child care and other services will multiply. State services for children address a variety of needs. Services are unevenly distributed across the state, however, and they pale in comparison with other states.

The public has a strong stake in the well-being of children under six. Preventive steps taken just before and during the first year of life may significantly reduce certain abnormalities and handicaps that require treatment and training in later years. Likewise, preventive care in the entire early childhood period can lessen human suffering and ease the economic burden of taxpayers in the future.

Some conditions described in this book do not lend themselves easily to combative efforts. What can be done, for example, about such conditions as the high mobility of families or the soaring cost of living that forces mothers of small children into the labor force? Needs themselves do not imply clear-cut solutions. How to help the poor, for example? Are publicly funded health and child care services the answer? Are education, job training and employment a better solution?

The situation is far from hopeless. Social psychologist Urie Bronfenbrenner has expressed his "profound faith in the capacity of parents, of whatever background, to enable their children to develop into effective and happy human beings, once our society is willing to make conditions of life viable and humane for all families."

However, no one segment of society, no one individual or group of

individuals, no one branch or agency of government by itself can accomplish that goal. Texas parents and local communities bear the chief responsibility for deciding what happens to their children. Practical solutions can be achieved through a wider and more intensive effort; through the working together of parents,private industry and public agencies; and through greater public awareness.

It is our obligation, both moral and pragmatic, to insure that every child has the opportunity to develop into a healthy and productive adult. ...we must not let the inertia of hopelessness prevent our moving to solutions....In the fragile and all important years of early childhood development, time is more critical than perhaps in any other area of vital concern to the public good.

Governor Dolph Briscoe
Speech to Early Childhood Task Force, Education Commission of the States
March 20, 1974

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